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COUNTY BOROUGH OF GRIMSBY

ANNUAL REPORT

OF THE

Medical Officer of Health

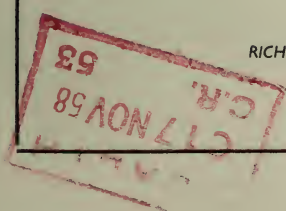
FOR THE YEAR

1957

INCLUDING REPORT ON THE

SCHOOL HEALTH SERVICE

RICHARDSONS & COPPIN, Ltd., Printers, GRIMSBY.





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Part IV

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Part VI

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Part VII

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Part IX

[illegible]

GRIMSBY COUNTY BOROUGH HEALTH COMMITTEE

(as constituted on 31st December, 1957).

The Worshipful the Mayor

ALDERMAN J. H. FRANKLIN, J.P.

Chairman

COUNCILLOR J. P. MURPHY

Deputy Chairman

ALDERMAN G. H. ATKINSON

Aldermen

F. G. GARDNER

M. LARMOUR

W. HARRIS, O.B.E.

E. W. MARSHALL

C. W. HEWSON, J.P.

C. H. WILKINSON, M.B.E., J.P.

Mrs. M. LARMOUR

W. H. WINDLEY

Councillors

A. BRADLEY

C. J. MOODY

W. R. BRUMBY

A. C. PARKER

C. W. A. CHAPPLE, D.S.C., G.M.

Miss J. M. PEARSON

A. H. CHATTERIS

T. W. SLEEMAN

Mrs. F. E. FRANKLIN, J.P.

T. F. SMITH

C. W. JAKES, J.P.

Mrs. L. TRAYER

A. W. KENNINGTON

J. A. WINN

Miss J. B. B. McLAREN

and the following Co-opted Members:—

Mr. R. C. BELLAMY

Mrs. A. PETERS

Dr. J. COTTRELL, J.P.

Dr. E. A. ROBERTSON

Mr. T. MUMBY

Mr. C. W. SPENDELOW

SUB-COMMITTEES OF THE HEALTH COMMITTEE

MENTAL HEALTH:—

COUNCILLOR Mrs. FRANKLIN (*Chairman*) ; ALDERMAN Mrs. LARMOUR (*Deputy-Chairman*) ; ALDERMEN ATKINSON, GARDNER AND WINDLEY ; COUNCILLORS BRADLEY, CHATTERIS, MURPHY, Miss PEARSON AND SMITH.

Co-opted Members :— MESDAMES M. CRESSWELL, L. NICHOLLS, A. PETERS AND A. B. TURNER ; DR. D. A. MacLEOD (to November, 1957).

PERSONAL HEALTH:—

ALDERMAN WILKINSON (*Chairman*) ; COUNCILLOR CHAPPLE (*Deputy-Chairman*) ; ALDERMEN ATKINSON, Mrs. LARMOUR AND M. LARMOUR ; COUNCILLORS JAKES, Miss McLAREN, MURPHY, Mrs. TRAYER AND WINN.

Co-opted Members :— MESDAMES M. CRESSWELL, A. B. TURNER AND J. A. WOOD ; DR. T. BARROWMAN ; Mr. T. MUMBY.

PUBLIC HEALTH:—

COUNCILLOR MURPHY (*Chairman*) ; ALDERMAN ATKINSON (*Deputy-Chairman*) ; ALDERMEN GARDNER, HEWSON, M. LARMOUR AND MARSHALL ; COUNCILLORS BRUMBY, KENNINGTON, MOODY AND SMITH.

Co-opted Members :— MESSRS. A. CUCKSON, N. HOPPER, T. HUNT AND H. SMITH. (One vacancy to be filled).

LOCAL ACTS, ADOPTIVE ACTS, BYELAWS AND LOCAL REGULATIONS IN FORCE IN THE BOROUGH.

LOCAL ACTS.

The Great Grimsby Improvement Act, 1853.
 The Grimsby Improvement Act, 1869.
 The Grimsby Extension and Improvement Act, 1889.
 The Grimsby Corporation Act, 1921.
 The Grimsby Corporation Act, 1927.
 The Grimsby Corporation (Dock &c.) Act, 1929.
 The Grimsby, Cleethorpes and District (Water etc.) Act, 1937.
 The Grimsby Corporation Act, 1949.

ADOPTIVE ACTS.

The Public Health Acts Amendment Act, 1890.
 The Private Street Works Act, 1892.
 The Public Libraries Acts.
 The Public Health Acts Amendment Act, 1907. (Part II, IV, VI, & X).
 The Public Health Act, 1925, (Sections 13 to 33 and 35 of Part II).

BYE LAWS.

Provision of means of escape in case of fire in factories in the Borough, 1921.
 Nuisances, 1923.
 Premises where food is prepared or cooked, 1926.
 Tents, Vans, Sheds and Similar structures, 1926.
 Conduct of persons waiting in streets to enter public vehicles, 1930.
 Smoke Abatement, 1936.
 New Streets, 1938.
 Nursing Homes, 1938.
 Seamen's Lodging Houses, 1938.
 Slaughter Houses, 1939.
 Common Lodging Houses, 1940.
 Handling, Wrapping and Delivery of Food, 1948.
 Employment of Children and Street Trading, 1949.
 Scartho Road Cemetery, 1951.
 Cemetery Charges, 1952.
 Nuisances, 1952.
 Hackney Carriages, 1952.
 Brighowgate Bus Station, 1953.
 Building Byelaws, 1953.
 Pleasure Grounds, 1955.
 Good Rule and Government, 1955.
 Parking Places, 1956.
 Smoke Prevention, 1957.
 Parking Places in Streets, 1957 and 1958.

LOCAL REGULATIONS.

Grimsby Port Health Authority Regulations.
 Projections in Public Streets, 1922.
 Street Collections, 1923.
 Scartho Road Cemetery, 1951.
 Grimsby Public Library, 1953.
 Grimsby Crematorium, 1954.
 Proper Ventilation of Underground Rooms, 1955.

STAFF OF THE HEALTH DEPARTMENT, 1957.

MEDICAL OFFICER OF HEALTH AND PRINCIPAL SCHOOL MEDICAL OFFICER

R. GLENN, M.B., B.Ch., B.A.O., D.P.H. (*Also Certifying Officer under the Mental Deficiency Acts, and Medical Inspector of Aliens*).

SENIOR ASSISTANT MEDICAL OFFICER OF HEALTH FOR MATERNAL AND CHILD WELFARE

JANET W. HEPBURN, M.B., Ch.B., D.P.H. (*Also Certifying Officer under the Mental Deficiency Acts, and Medical Inspector of Aliens*).

ASSISTANT MEDICAL OFFICERS OF HEALTH AND SCHOOL MEDICAL OFFICERS

J. G. J. COGHILL, M.B., Ch.B., (*Also Certifying Officer under the Mental Deficiency Acts, and Medical Inspector of Aliens*).

EILEEN M. PRIOR, L.R.C.P., M.R.C.S.

MARGARET M. EDMONDSON, M.B., Ch.B. (resigned 31.1.57)

M. R. BURKE, M.B., B.Ch., B.A.O., D.P.H. (from 1.2.57)

PUBLIC HEALTH INSPECTORS

H. PARKINSON, 1, 2. *Chief Public Health Inspector.*

A. MANSON, 1, 2. *Deputy Chief Public Health Inspector.*

W. W. REED, 1, 2. *Senior Public Health Inspector.*

S. F. BURKITT, 1, 2.

S. MASTIN, 1, 2.

S. H. REED, 1, 2.

HEALTH VISITORS

Mrs. I. HALDANE, 3, 4, 5. *Superintendent.*

Miss E. M. TIPPLER, 3, 4, 5.

Miss M. COOLING 3, 5. (resigned 6.12.57)

Miss M. C. BUGG, 3, 4, 5.

Miss I. R. ADAMSON, 3, 4, 5.

Miss J. D. M. VARRIE, 3, 4, 5.

Mrs. M. B. KOZLOWSKI, 3, 4, 5.

Miss K. L. SPENCER, 3, 4, 5.

Miss K. CORR, 3, 4, 5. (resigned 28.2.57)

Miss J. BELL, 3, 4, 5.

Mrs. E. METCALFE, 3, 4, 5, (from 9.9.57)

Mrs. J. HAVERCROFT, 3, 4, 5.*

CLINIC NURSES

Mrs. G. WHITEHALL, 3.

Mrs. I. D. MILLS, 3, 4.

TUBERCULOSIS VISITORS

Miss D. ATKIN, 3, 4, 5.

Mrs. R. DONSON, 3, 4.*

HOME NURSING SERVICE

Miss F. ENGLEDOW, 3, 4, 5. *Superintendent,*
and staff of 15 nurses.

MUNICIPAL MIDWIVES

Miss F. ENGLEDOW, *Non-medical Supervisor.*

Miss D. G. INKPEN, 3, 4.

Miss D. M. DAWSON, 3, 4.

Mrs. C. BEDFORD, 3, 4.

Mrs. K. M. BIRKETT, 3, 4.

Miss R. SMITH, 3, 4.

Mrs. C. WESTACOTT, 3, 4.

Miss E. BAXTER, 3, 4.

Mrs. M. QUINN, 3, 4. (resigned 18.12.57)

Miss G. A. BAXTER, 3, 4.

Miss C. E. CALTHORPE, 3, 4.

Mrs. K. G. GILMOUR, 3, 4, (from 1.5.57)

AMBULANCE SERVICE

E. BROWN, Ambulance Officer, and staff of 26.

MENTAL HEALTH SERVICEMiss E. M. WOULD, *Senior Mental Health Worker.*

Miss A. G. P. RICHARDSON, B.A. (resigned 30.9.57).

Miss M. A. CLONEY, B.D. (London) (from 16.9.57)

G. W. A. MACKENZIE, *D. A. Officer.*L. C. RACKHAM, *D.A. Officer.***OCCUPATION CENTRE**Miss E. PATERSON, *Supervisor.*

Mrs. A. E. GORRINGE.

Miss H. M. BARKER.

Mrs. L. A. WILLERTON

R. N. V. Shane (from 1.4.57)

DOMESTIC HELP SUPERVISOR

Miss L. BLACKBURN

ALMONER SERVICE

Mrs. T. M. ROBERTSON.

CLERICAL STAFFT. E. DAVIDSON, *Chief Clerk.*

W. R. GALE

D. AMERY.

Mrs. F. M. THOMAS.

Miss S. HORN

P. T. KITCHING

Public Health Inspector's Sub-Department

S. NASH

T. H. R. JOHNSON

Mrs. J. ISITT (resigned 31.8.57)

Miss J. E. BROWN (from 1.9.57)

Maternal and Child Welfare Sub-Department

Mrs. J. A. POTTER

Miss M. E. MOORE

Miss S. WILLING

Mrs. R. EARLY

Mrs. I. SMITH

Mrs. I. E. LONGSTAFF

Mental Health Sub-Department

Miss G. J. PEARSON

Miss V. OSBORNE

Almoner Service

Miss I. HOLDEN

Domestic Help Service

Miss B. N. DOUGHTY

* Part-time appointment.

1. Public Health Inspector's Certificate.

2. Meat Inspector's Certificate.

3. State Registered Nurse.

4. State Certified Midwife.

5. Health Visitor's Certificate.

INTRODUCTION

To the Mayor, Aldermen and Councillors of Grimsby County Borough.

I have the honour of presenting the Annual Report for 1957.

On the whole the health of the community has been good, apart from the Asian influenza which developed rapidly towards the end of the year. It was a short, sharp epidemic, but fortunately there were few deaths.

The death rate from all causes is unchanged from last year, being again slightly above the national average. To counter this the birth rate is the highest since 1949, and the infant mortality is the lowest ever recorded in Grimsby and well below the average for England and Wales. This is most gratifying after the previous black year, but until all preventable infant deaths can be eliminated there must be no complacency. There were fewer premature births, but the still-birth rate was above the national average although lower than that for 1956.

The total number of deaths due to cancer has again shown a small increase and is slightly above the average for England and Wales. Those deaths due to lung cancer have also increased and it would appear that this startling post-war trend has not yet reached its peak. Despite all the warnings the smokers still persist in their habit — it may be that the threat of the hydrogen bomb looms greater than that of smoking and lung cancer.

New cases of notified pulmonary tuberculosis again showed a slight increase, whereas the death rate continues to fall. No case died during the year which had not been previously notified and this demonstrates a commendably high detection rate, but there must obviously be a pool of undetected infection in the community. It is strongly suspected that this reservoir may be found in the very elderly who often accept any chest symptoms as merely due to 'bronchitis'. It is most difficult to persuade old people to attend the Mass Radiography Unit.

The poliomyelitis vaccination scheme was diligently carried out during 1957 as and when the vaccine was available. This was often sporadic, but thanks to a willing staff and good co-operation from the schools all the difficulties thus created were overcome. Although 4,000 children were protected, the other immunising schemes were not allowed to fall behind.

The shortage of accommodation for the chronic sick remains unchanged. One hundred and six cases were visited personally and assessed sociologically in order that the best use could be made of the available beds. Of the total 34 were considered to require urgent admission, 23 would have been better cared for in hospital, 12 did not justify admission, three were already dead, and three were dying. The remaining 31 required admission on a temporary basis, either to give a much needed rest to the relative caring for them or because of sudden illness in other members of the family.

These figures clearly show that the general medical practitioner rarely asks for the admission of chronic sick cases unless there is no possibility of nursing them at home. They also demonstrate that in a third of the referrals admission would not have been necessary if the local authority could have provided a night service. It is only fair to state that it is very difficult to recruit or retain night sitters-up in this area.

It is interesting to observe that for the first year since 1948 the number of calls on the ambulance service has actually decreased. Time alone will prove whether or not the peak has been reached, but it is certain that the introduction to the service of dual purpose vehicles has meant a saving in journeys and mileage.

Relations with the hospitals, the general medical services, and other departments are good, and I am grateful to all concerned.

I am pleased to have another opportunity to thank the staff of the Health Department for their help and loyal service.

My thanks are also due in full measure to the Chairman and members of the Health Committee for the courteous and sympathetic manner in which they receive the matters placed before them.

R. GLENN,
Medical Officer of Health.

HEALTH DEPARTMENT,

1, Bargate, Grimsby.

September, 1958.

PART I.

STATISTICS AND SOCIAL CONDITIONS

Summary of Statistics

Population

Births

Deaths

State of Employment

SUMMARY OF STATISTICS

COUNTY BOROUGH OF GRIMSBY

Area (in acres)—excluding foreshore	5,468
Registrar General's estimate of population, mid-1957	96,050
Number of inhabited houses (end of 1957) according to Rate Books	28,812
Rateable value	£1,034,373
Sum represented by a penny rate	£4,167

EXTRACT FROM VITAL STATISTICS OF THE YEAR.

Live births:—	Males	Females	Total	
Legitimate ..	939	808	1,747	} Birth rate..... 19.2
Illegitimate ..	56	43	99	
	<hr/>	<hr/>	<hr/>	
	995	851	1,846	
	<hr/>	<hr/>	<hr/>	

Adjusted birth rate (area comparability factor 1.00) 19.2

Still births:—

Legitimate ..	23	26	49	} Rate 0.52*
Illegitimate ..	1	—	1	
	<hr/>	<hr/>	<hr/>	
	24	26	50	
	<hr/>	<hr/>	<hr/>	

Deaths 556 516 1,072 Death rate 11.1

Adjusted death rate (area comparability factor 1.13) 12.6

Number of women dying in, or in consequence of, childbirth:— 0

Deaths of infants under one year of age per 1,000 live births:—

Legitimate 17.7; (31 deaths)	Illegitimate 40.4; (4 deaths)	Total 18.9 (35 deaths)
---------------------------------	----------------------------------	---------------------------

							Number	Rate
Deaths from measles ..	..	..	..	..	..	..	0	0.00
„ whooping cough ..	..	..	..	..	..	..	0	0.00
„ diphtheria ..	..	..	..	..	..	..	0	0.00
„ respiratory tuberculosis ..	..	..	..	..	..	..	11	0.11
„ other tuberculous diseases	..	..	..	..	..	..	1	0.01
Total tuberculosis deaths	..	..	..	..	..	..	12	0.12
Deaths from cancer ..	..	..	..	..	..	..	216	2.24
„ influenza ..	..	..	..	..	..	..	17	0.17

* 26.3 per 1,000 total (live and still) births.

STATISTICS AND SOCIAL CONDITIONS

Population.—(Table 1, page 62). The Registrar General's estimate of the home population of Grimsby at mid-year 1957 was 96,050, an increase of 650 on his estimate for the previous year. The natural increase of the population, i.e., the excess of live births over deaths, was 774.

Births.—(Tables 1 and 2, pages 62 & 63). There were 1,846 live births (995 males and 851 females), giving a birth rate of 19.2 per thousand of the population — and this figure is not altered by the Registrar General's area comparability factor of 1.00 — compared with 16.1 for England and Wales. Both rates are the highest since 1949.

Ninety-nine (5.3 per cent) of the live births were illegitimate. The illegitimacy rate was 53.6 per thousand live births ; for England and Wales it was 46.

Still Births.—Fifty still births were registered, giving a rate of 0.52 per thousand of the population. The rate expressed per thousand total (live and still) births was 26.3, while for England and Wales it was 22.4.

Deaths.—(Tables 3 and 5, pages 63 & 65). There were 1,072 deaths (556 males and 516 females), equal to a death rate of 11.1.

The adjusted death rate for Grimsby (calculated by multiplying the crude rate by the Registrar General's area comparability factor of 1.13) was 12.6, compared with 11.5 for England and Wales.

Six hundred and six persons—comprising residents and non-residents—died in institutions in the borough, equivalent to 48 per cent of the total deaths registered.

Six hundred and twelve residents died at 70 years of age and upwards, the numbers at age periods being :—

	MALES	FEMALES	TOTAL
Between 70 and under 75 years	90	91	181
„ 75 and under 80 years	100	90	190
„ 80 and under 85 years	63	89	152
„ 85 and under 90 years	25	41	66
90 years and over	8	15	23

This is equal to 57 per cent of the total deaths.

Table 5 on page 65 gives the causes of death in age periods and was prepared in the Health Department from information supplied weekly by the local registrar. The classification does not differ materially from that received from the Registrar General on the 18th April, 1958.

Infant Mortality.—There were 35 deaths under one year of age, giving an infant mortality rate of 18.9 per thousand live births, compared with 23.0 for England and Wales. It is very gratifying to note that both rates are the lowest ever recorded.

The infant deaths are classified by cause in Table 6.

Neo-natal Mortality.—Twenty-two of the 35 deaths recorded above were of infants under 4 weeks, representing a neo-natal mortality of 11.9 per thousand live births. The corresponding rate for England and Wales was 16.5.

State of Employment.—The Manager of the Employment Exchange has kindly furnished particulars regarding the number of registered unemployed persons in the Grimsby Exchange area, which covers Grimsby, Cleethorpes and the Grimsby Rural District. Separate figures are not available.

Total live register in January, 1957, (males 1,122; females 195)	..	1,317
Total live register in July, 1957, (males 707; females 97)	..	804
Total live register in December, 1957, (males 1,021; females 174)	..	1,195

These figures include temporarily stopped claimants.

The number of residents known to have left Grimsby permanently to take up employment in other areas (excluding daily travel) was 32.

Rainfall.—The total rainfall recorded during the year was 22.66 inches. The heaviest falls were 0.75 inches on the 10th September and 0.75 inches on the 31st December.

PART II.

PREVALENCE OF, AND CONTROL OVER,
INFECTIOUS AND OTHER DISEASES

Notifiable infectious diseases.

Cancer.

Tuberculosis

Venereal Diseases.

NOTIFIABLE INFECTIOUS DISEASES

The incidence of notifiable diseases (other than tuberculosis) was as follows :—

Diseases.	Total Cases notified.	Cases admitted to Hospital.	Total Deaths.
Scarlet fever	77	4	—
Measles	2,597	7	—
Whooping cough	168	6	—
Acute pneumonia	37	17	60
Meningococcal infection	2	2	1
Acute poliomyelitis —			
Paralytic	9	9	1
Acute encephalitis, infective	1	1	1
Dysentery	92	4	—
Food poisoning	23	2	—
Ophthalmia neonatorum	1	—	—
Puerperal pyrexia	6	3	—
Erysipelas	6	1	—
Chicken pox	551	3	—
Acute rheumatism	7	4	—
Totals	3,577	63	63

No notifications were received of other notifiable diseases not specified in the table above (e.g., diphtheria, smallpox).

Table 4 on page 64 gives an analysis of the total notified cases under various age groups and in Wards.

Measles.—2,597 cases (1,343 males and 1,254 females) were notified compared with 33 the previous year. No deaths were ascribed to measles.

Whooping Cough.—168 notifications (81 males and 87 females) were received compared with 338 the previous year.

Scarlet Fever.—77 cases (37 males and 40 females) were notified, two more than in 1956.

Pneumonia.—37 notifications were received 24 of primary and 13 of influenzal pneumonia—and 17 of these cases were treated in hospital. Sixty deaths were ascribed to all forms of pneumonia, giving a death rate of 0.62.

Ophthalmia Neonatorum.—Only one case of this disease was reported. The services of a nurse are offered by the local authority in all cases nursed at home.

Puerperal Pyrexia.—Six notifications of puerperal pyrexia were received, one case being a non-resident of Grimsby. When a case is nursed at home the services of a district nurse are offered by the local authority. Three of the women were treated in hospital. The attack rate per thousand total births was 3.16.

Erysipelas.—Six cases of this disease were notified.

Chicken Pox.—There were notified 551 cases (298 males and 253 females) compared with 914 in 1956. Three cases were admitted to hospital.

Acute Rheumatism.—The Acute Rheumatism Regulations require the notification of cases of rheumatism under 16 years of age occurring in specified parts of England, and 7 such notifications were received relating to 5 boys and 2 girls.

Each case is finally reported on by the consultant cardiologist for assessment and placing in the appropriate category under a scheme devised by the Royal College of Physicians. One boy was thus proved to be non-rheumatic.

Food Poisoning.—23 cases (4 males and 19 females) were notified compared with 67 the previous year. Fourteen of these cases occurred among the staff at the Scartho Road Hospital.

Dysentery.—Notifications of this disease totalled 92 (41 males and 51 females) compared with 211 in 1956. Four of the cases were treated in hospital.

The majority was again caused by the Sonne type of infection, and 65 of the cases were under 15 years of age. By a special arrangement with the pathological laboratory the health department is notified by telephone of every positive stool or swab, and this is of great value in bringing preventive measures to bear.

Meningococcal Infection.—Two cases were notified in addition to one death (diagnosed post mortem).

Poliomyelitis.—9 cases—all paralytic—were notified, and one patient, a male aged 33 years, died of this disease.

Influenza.—This is not a notifiable disease unless complicated by pneumonia. Seventeen deaths were certified as due to influenza, equal to a death rate of 0.17.

Public Health (Infectious Diseases) Regulations, 1953.—It was not necessary to take any action under these Regulations in regard to persons engaged in occupations connected with the preparation and handling of food or drink for human consumption.

CANCER

The number of deaths due to cancer was 216 (112 males and 104 females). The local death rate from this cause was 2.24 compared with 2.08 for England and Wales. The rates for the previous year were 2.16 and 2.06 respectively.

Of the total deaths from cancer 44 (males 39 and females 5) were due to cancer of the lung and bronchus. This is equal to a rate of 0.45 per thousand population for Grimsby, while for England and Wales it was 0.42. Other cancer death rate was 1.79 (England and Wales 1.66).

TUBERCULOSIS

Notifications.—One hundred and two persons were notified under the Public Health (Tuberculosis) Regulations, 1952, as compared with 93 the previous year. In addition, 13 cases (12 pulmonary and 1 non-pulmonary) already notified in other areas came into the borough. The age groups and ward distribution are shown in Tables 7 and 8 in the appendix.

Deaths (Tables 9 and 10, page 68) The number of deaths and the death rates from tuberculosis per thousand of the population in 1957 were as follows:—

			<i>Number of deaths</i>	<i>Death rates</i>
Respiratory tuberculosis	..	..	11	0.11
Other forms	..	..	1	0.01
			<hr/>	<hr/>
Total	..		12	0.12
			<hr/>	<hr/>

The death rate for all forms of tuberculosis in England and Wales for 1957 was 0.10 (respiratory 0.09 ; other forms 0.01). It is pleasing to record that for the first time since 1948 no case died from tuberculosis which had not been previously notified. The ratio of non-notified deaths for the previous year was 10.5%.

Revision of Register.—The names of 69 notified persons were removed from the register in 1957, these consisting of :—

Diagnosis not established	..	..	..	..	4
Recovered	..	..	..	..	13
Died	..	..	..	..	12
Left district	..	..	..	..	34
Not found after adequate search	..	..	..	1	
Others	..	..	..	..	5

On 31st December, 1957, there were 890 cases on the register of the Medical Officer of Health, 773 pulmonary and 117 non-pulmonary.

B.C.G. vaccination.—The work in this connection followed the usual pattern and the method of tuberculin testing was investigated. The following shows the number of persons vaccinated during the past four years :—

<i>Year</i>	<i>Contact Scheme</i>	<i>School children Scheme</i>
1954	261	320
1955	137	297
1956	168	400
1957	251	408

Detailed information on this year's figures may be seen in the School Health section of this report.

Mass Radiography.—No survey was carried out by the Lincolnshire Mass Radiography Unit during the year, but this service will be provided in 1958.

Chest Clinic.—The following information has been supplied by Dr. J. Glen, consultant chest physician, and is a general analysis of the work carried out in regard to Grimsby patients at the Chest Clinic during 1957.

<i>New cases examined (excluding contacts):</i>						<i>Total</i>		
(a)	Definitely tuberculous	91	}	3,253
(b)	Diagnosis not completed	..	..	133		
(c)	Non-tuberculous	..	..	3,029		
<i>Contacts examined:</i>								
(a)	Definitely tuberculous	9	}	988
(b)	Diagnosis not completed	..	..	28		
(c)	Non-tuberculous	..	..	951		

Cases written off Clinic Register, including 4,092 non-tuberculous .. 4,161

Cases on Clinic Register as at 31st December, 1957:

(a) Definitely tuberculous	874	}	..	..	1,064
(b) Diagnosis not completed	190				
Total attendances at Clinic, including contacts					9,543
Consultations with medical practitioners					8,745
Artificial pneumothorax refills carried out					162
Home visits by nurses					2,670
X-ray examinations:— Radiographic film					4,578
Fluorographic screen					2,804

There has been quite a sharp increase in the number of new cases of both pulmonary and non-pulmonary tuberculosis in the female groups, mainly confined to young persons. No obvious cause for such increase has so far been found. The disease was of an eminently treatable type and this is reflected in the considerable fall in the mortality rate.

There should be a noticeable decline in cases of this nature as the young adult advances in years following B.C.G. vaccination, as they are mostly extensions of primary complexes.

Non-tuberculous conditions requiring special investigation referred to the Chest Clinic during the year ended 31st December, 1957.

	<i>Adult males</i>	<i>Adult females</i>	<i>Children</i>
Cancer	18	3	—
Bronchiectasis	5	10	5
Asthma	13	11	5
Atypical Pneumonia	2	—	—
Unresolved Pneumonia	8	5	2
Lung abscess	2	—	—
Cardiac Conditions	4	7	—
Spontaneous Pneumothorax	3	—	—
Cystic Disease	1	—	—
Other conditions	11	2	3
Totals	67	38	15

Cancer.—The number of these cases has surprisingly reduced, but the figures above probably do not reflect the actual position in Grimsby. Many such cases are seen at the general hospitals, some of which are in too advanced a stage to deal with surgically and are, therefore, referred direct for radiotherapy.

Bronchiectasis.—The number of confirmed cases is reduced as compared with the previous year. This is largely due to the fact that in recent years many cases have been assessed and the leeway in these particular investigations has been made good. Cases of this type now appearing at the Chest Clinic are current ones, not previously seen, and the numbers are relatively low.

Asthma.—A total of 29 cases were diagnosed, as compared with 18 in the previous year. This increase is largely due to the fact that more cases are being referred because general practitioners are aware of recent advances in drug therapy which are now available.

Number of New Cases referred to the Chest Clinic by General Practitioners, Institutions, Clinics, etc., in recent years.

<i>Year</i>	<i>Men</i>	<i>Women</i>	<i>Children</i>	<i>Total</i>
1953	758	1,846	557	3,161
1954	734	1,739	523	2,996
1955	777	1,658	374	2,809
1956	1,251	1,667	360	3,278
1957	1,023	1,800	430	3,253

Preventive Care.—This branch of the work embraces many sections but perhaps one outstanding example is on the institutional side of treatment for tuberculosis. In an endeavour to reduce the possibility of serious blood spread in the very young child, say under four years, with a positive tuberculin test, but who is apparently well and symptomless, I have resorted to institutional anti-tuberculous drug treatment as a preventive measure.

Despite an increase in the number of new notifications in the past year it has still been possible to arrange for their early admission. At the end of 1957 there was no real waiting list in existence.

The B.C.G. campaign continues on an even more satisfactory basis. It has been possible to extend this protection to a considerable degree in the 15-25 age group by arranging the attendance at the clinic to suit workers.

In addition the investigation of infant contacts at an earlier age has been undertaken. Experience has shown that there is no contra-indication or lack of effectiveness in carrying out B.C.G. vaccination in very small infants.

Another important point in preventive care work is good and adequate housing accommodation for the patient and family. In this respect there is complete co-operation between the local authority and the Chest Clinic for necessitous cases, mostly of the infectious type, to receive alternative accommodation, whilst those living in overcrowded conditions or where a separate bedroom cannot be set aside for the case are also assisted. As in the previous year the Housing Committee has been very helpful indeed.

Physiotherapy clinics are held for persons considered to be in need of such treatment. This treatment plays an important part in the management of bronchiectasis prior to operative intervention or where this is not feasible or indicated.

The chronic bronchitic clinic has been continued during the winter months. The use of chemotherapy and other drugs has proved of great benefit to cases, although the problem of dealing with this class of patient remains a difficult one.

A session is held once monthly at the clinic by Mr. R. C. Barclay, F.R.C.S., part of which is devoted to the assessment of bronchiectatic cases suitable for surgery, as well as the follow-up of his operative cases in this area. The arrangement has been found to be very helpful in the assessment of difficult patients.

After-Care.—The Grimsby Tuberculosis Care Committee was formed in 1925, and from those early days, when its main expenditure was in the provision of extra nourishment to cases, it has kept abreast of the times until its activities are now many and varied. In dealing with the needs of patients close contact is maintained with the officers of the National Assistance Board to avoid duplication of help and yet at the same time enable both parties to grant the maximum of essential aid.

It has been noted in recent years that the amount of free milk supplied has been gradually lessening, but there is no reduction in the cost to the Committee of providing clothing, furniture, bedding, fuel groceries, etc., to patients. Selected cases are given an opportunity of benefiting from a complete change of surroundings at no cost to themselves through convalescent home treatment at Brighton. It is surprising that more cases do not accept these facilities, but many feel that having spent some months in the chest hospital they would prefer to return to their homes on discharge and this is particularly so in the case of women.

During 1956 the Committee agreed to include in their schemes assistance to Grimsby residents suffering from non-tuberculosis chest conditions. So far there has not been a great deal of help rendered to this class of patient beyond the free supply of milk and financial grants towards holidays.

Contact Examinations.—This important branch of the work is on a perfectly satisfactory basis as will be seen from the following table :—

<i>Year</i>	<i>No. of notified cases of tuberculosis</i>	<i>Number of contacts examined</i>
1953	106	820
1954	107	796
1955	75	706
1956	93	770
1957	102	988

The number of contacts examined has grown and is in keeping with the increased number of new cases of tuberculosis notified during the year.

Employment Conditions.—Facilities for the sheltered employment of tuberculosis cases in this area do not exist. The present method of treatment of these cases enables a high percentage to return to their previous occupation and the need for sheltered employment is not particularly acute.

Follow-up of Cases.—As the one full-time and one part-time Tuberculosis Health Visitors also carry out duties as clinic nurses and radiographers there is a complete follow-up of patients. This is a satisfactory arrangement as any case showing retrogression, on waiting list for institutional treatment, under chemotherapy etc., is immediately re-visited at home. In this way the nurses are fully aware of what is happening and this tends to a more intimate touch between patient and the clinic staff.

VENEREAL DISEASES.

The special out-patient clinic for venereal diseases at 38 Queen Street, Grimsby, is under the administrative control of the Grimsby Hospital Management Committee. The times at which sessions are held with the venereologist in attendance are:—

Males:—Mondays, 10 a.m. and 4.30 p.m.; Wednesdays, 2 p.m.

Females:—Mondays, 2 p.m.; Thursdays, 10 a.m. and 4.30 p.m.

The Centre is open for intermediate attendance from Monday to Friday from 10 a.m. to 12 noon and 2 to 7 p.m., also on Saturday from 10 a.m. to 12.30 p.m.

During the year 178 Grimsby residents attended this clinic for the first time, the classification of these cases being:—

<i>Condition</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Syphilis.. ..	8	7	15
Gonorrhoea	18	2	20
Other conditions ..	119	24	143
	<hr/> 145	<hr/> 33	<hr/> 178

Information about the location and times of sessions of the clinic are circulated to shipping by the port health inspectors.

PART III

LOCAL HEALTH SERVICES

Care of Mothers and Young Children

Midwifery

Health Visiting

Home Nursing

Vaccination and Immunisation

Ambulance Service

Prevention of Illness, Care and After-Care

Domestic Help

Mental Health

CARE OF MOTHERS AND YOUNG CHILDREN

Notification of Births.—1,694 live births and 58 still births were notified, compared with 1,664 and 72 respectively in 1956.

Prematurity.—There were 144 premature live births notified, being a slight decrease on the 152 reported for the previous year. This is still much higher than the figure for 1955, which was 102. The percentage incidence of prematurity for the years 1955, 1956 and 1957 was 5.8, 9.08 and 8.5 respectively.

The number of premature infants born in hospital was 99 and the remaining 45 in their own homes, and of the total 91.6 per cent survived 28 days, which was higher than that of 83.4 for the previous year. The percentage of those surviving 28 days were (a) born in hospital — 89.7 ; (b) born and nursed at home — 100 ; and (c) born at home and transferred to hospital — 71.4.

The following statistical table shows the weights at birth and the numbers surviving :—

Weight at birth	Premature Live Births								
	Born in Hospital			Born at Home and nursed entirely at home			Born at Home and transferred to hospital before 28th day		
	Total	Died in 24 hrs.	Survived 28 days.						
				(1)	(2)	(3)	(1)	(2)	(3)
3-lb. 4-ozs. or less ...	12	4	5	—	—	—	2	2	—
Over 3-lb. 4-ozs. up to and including 4-lb. 6-ozs. ...	21	—	18	2	—	2	3	—	3
Over 4-lb. 6-ozs. up to and including 4-lb. 15-ozs. ...	18	—	18	7	—	7	—	—	—
Over 4-lb. 15-ozs. up to and including 5-lb. 8-ozs. ...	48	—	48	29	—	29	2	—	2
Totals	99	4	89	38	—	38	7	2	5

Still births.—Routine investigations made into the 58 cases of still birth notified showed that 9 occurred in domiciliary confinements and 49 in hospital. The corrected number of still births for Grimsby was 50, giving a rate of 26.3 per thousand total (live and still) births.

In only 3 cases did birth take place prematurely, but in 6 cases the infants born were very immature, weight ranging from 1½ to 5½ lbs.

The contributory causes found were :—

Anoxia	4	Rhesus negative	2
Ante-partum haemorrhage		Hypertension	2
(accidental)	10	Pre-eclamptic toxæmia ..	5
Ante-partum haemorrhage		Placental insufficiency ..	4
and toxæmia	2	Obstructed labour	3
Born before arrival	1	Post maturity	2
Congenital defects	12	Maternal ill-health	1
Hydrops foetalis	4		

visitors who staff them. Cases are referred by general practitioner obstetricians and by midwives. Where the general practitioner obstetrician has not made a special request in writing every effort is made when the mother attends at an ante-natal clinic for blood to be taken, to ensure her subsequent attendance at a mothercraft class.

Attendances during 1957 totalled 1,983; there were 288 new cases.

The Parent's Club, which had 943 attendances, still continues to function successfully, and the problem now is how to persuade those most in need of its services, both social and educational, to attend.

Distribution of Milk.—Arrangements have continued unchanged.

Ante-natal clinics.—431 cases attended during the year and 49 were carried over from 1956. There were 1,057 attendances at medical officer sessions and 1,808 at sessions held by midwives.

As in former years, although the majority of the cases attended only once or twice for the purpose of having blood taken, each mother was then encouraged to attend for mothercraft, particular attention being given to primipara. The result has been encouraging and has established a very friendly relationship between young expectant mothers, health visitors and midwives. There is invariably a 'get together' time at the end of both ante-natal clinics and mothercraft class when new babies are proudly 'shown off' and experiences talked of. This social contact is of infinite value to newcomers to the area and helps them to make friends with people of their own age.

Ante-natal Care.—As a result of Ministry of Health Circular 9/56, a special meeting of the Local Obstetric Committee was held, the Chair being taken by the Consultant Obstetrician and Gynaecologist. The Advisory Committee memorandum was discussed at length, each paragraph being taken separately.

It was decided that most of the recommendations were already being carried out in this area and that no drastic changes were deemed advisable. It can be said, however, that the liaison between the Hospital Service and the Midwifery Service of the Local Health Authority has improved since the circular was issued and is now highly satisfactory. The relationship between the domiciliary midwives and the general practitioner obstetricians is excellent, although the ethical problem of the mother who refuses to book a doctor affects a minority of cases only.

Post-natal clinics.—The practice of holding separate sessions for post natal examination has been discontinued and cases are given an appointment to attend at the end of an ante-natal clinic. Continuity of medical supervision is then maintained.

Orthopaedic.—73 infants were referred from Maternal and Child Welfare Centres for treatment. The main defects were genu valgum, flat foot and metatarsus varus.

Infant mortality.—There were 35 infant deaths during 1957, the infant mortality rate of 18.9 being the lowest on record here and lower than the average for England and Wales. 1956 was a bad year with a rate of 38.5, almost double that of 1957. The chief cause of death of 13 infants over 4 weeks of age was respiratory disease. Of the 9 infants dying from disease of the respiratory tract, 5 had other associated conditions, viz., congenital malformation of heart; congenital laryngeal stenosis; congenital atresia of bile ducts; hydrocephalus and atresia of both lungs; and pyelo-nephritis. Other causes were gastro-enteritis; asphyxia from inhalation of vomit; atelectasis; and marasmus due to pyloric stenosis.

Neo-natal deaths.—Of the total 22 neo-natal deaths, 14 were due to prematurity and one to atelectasis associated with prematurity.

The period of gestation varied as follows :—

25 weeks	..	1 case	(cause unknown)	
26	„	..	3 cases („ „	2, Rhesus negative 1)
28	„	..	5 cases („ „	2, Toxaemia 2, Eclampsia 1)
29	„	..	1 case („ „)
30	„	..	1 case („ „)
32	„	..	1 case	(Albuminuria)
36	„	..	2 cases („ „	2)

One death was notified as due to prematurity though the period of gestation was 40 weeks, but owing to placental insufficiency the infant was very immature. Other causes of death were congenital defects 3; Rhesus negative 1; Atelectasis with congenital heart defect 1; Atelectasis with prematurity 1; Massive intra alveolar haemorrhage 1.

It would seem that intensive research should be made into the causes of prematurity so that this wastage of infant life may be prevented. It is just possible that in these times, medical care is obtained so quickly that those cases that prior to 1948 would have been miscarriages, are now admitted to hospital with the resultant survival of the foetus for a few hours. This would account for an increased number of neo-natal deaths, these being registered also as live births which formerly would have been recorded as still births.

Maternal Mortality.—There were no maternal deaths.

Ophthalmic treatment.—19 cases were referred from maternal and child welfare centres and received treatment.

Ophthalmia Neonatorum.—Only one case was notified; — there was no impairment of vision.

Pemphigus Neonatorum.—No case was reported during 1957.

Child Minders.—One licence was issued under the Nurseries and Child Minders Regulation Act, 1948.

DENTAL TREATMENT.

Numbers provided with dental care :—

	Examined.	Needing treatment.	Treated.	Made dentally fit.
Expectant and Nursing Mothers	291	291	291	190
Children under five	356	312	312	209

Forms of dental treatment provided :—

	Sealings and Gum treatment	Fillings	Silver Nitrate treatment	Crowns and lays	Extractions	General Anaesthetics	Dentures provided		Radio-graphs
							Full upper or lower	Partial upper or lower	
Expectant and nursing mothers	140	180	..	..	1,073	219	64	36	..
Children under five	17	33	8	..	701	271	..	..	..

MIDWIFERY

The increased routine booking of both general practitioner obstetrician and midwife has continued, and during the year only 59 women did not elect to do so. Of these, only one had to have a doctor present at the delivery on account of anticipated difficulty. There was a slight drop in the number of domiciliary confinements, 731 for 1957 compared with 766 for the previous year. The midwives booked 672 cases, confining 595 and acting as maternity nurses in only 11% of the total.

The amount of district midwifery work is adequate for the training of Part II pupil midwives, seven of whom spent three months on the district and in all confined 86 women. The slight drop in the number of domiciliary confinements is reflected in the other visits done, viz :—

	1957	1956
Ante-natal visits ..	5,227	5,414
Nursings	14,641	15,028
Special	237	214
Ineffective	837	887

342 cases were transferred from hospital for home nursing, mostly on the 10th or 11th day, but occasionally on the 3rd day. Breast feeding was fully maintained until the 14th day in 677 of the cases, and it would appear that on the whole breast feeding is established more successfully in home confinements. There is bound to be a small number of women totally incapable of breast feeding, but a percentage of 91.7 in 1957 is satisfactory proof that the psychological effect on mothers of having their babies in their own environment is good.

Weaning was carried out in 48 cases for the following reasons :—

Inverted nipples	8	Poor lactation	14
Cracked nipples	3	Unhappy baby	2
Poorly developed nipples ..	2	Maternal ill-health ..	5
Acute mastitis	1	Medical advice (reason ..	8
History of previous breast abscess	5	not given)	

Analgesia was given to all patients according to their needs as follows :—

Gas and air ..	526 cases
Trilene	7 „
Pethidine	380 „

In only 12 per cent of the cases given gas and air analgesia and/or Pethidine was the general practitioner obstetrician present at delivery. To date, no domiciliary midwife has been provided with a Trilene outfit as the existing equipment of gas and air machines is in good order, but replacement with Trilene will be considered when new equipment is necessary.

Medical aid was called in by midwives to 45 cases, 27 of whom had booked a medical practitioner under the National Health Service Act.

Conditions demanding medical aid were :—

(a) Ante-natally					
	Toxaemia	..	1	Ante-partum haemorrhage	4
	Hypertension	..	1	Disproportion	.. .. 1
(b) During labour					
	Premature rupture of membranes	..	1	Ruptured perineum	.. 5
	Malpresentation	..	1	Post-partum haemorrhage	3
(c) In Puerperium					
	Phlebitis	..	4	Subinvolution	.. .. 1
	Puerperal pyrexia	..	3	Dyspnoea and pain	
	Offensive lochia	..	1	in chest	.. .. 1
(d) To the baby					
	Severe cold	..	3	Jaundice	.. .. 1
	Sticky eyes	..	10	Melaena	.. .. 1
	Projectile vomiting	..	1	Haematemesis	.. 1
	Staphylococcus infection of skin	..	2		

HEALTH VISITING

During the greater part of the year the health visitors were working short staffed and, despite strenuous efforts, much of their district work could not be covered. Three vacancies existed at the beginning of the year but, irrespective of repeated advertisement, no replacements could be obtained until Mrs. E. Metcalfe joined the staff in September. As two health visitors had resigned in the period under review, the establishment was four under strength on the 31st December, 1957.

The total number of visits made to children under 5 years of age was 19,512, compared with 26,304 in 1956. In addition, there were 3,208 ineffective visits. Visits to expectant mothers totalled 406; of this number 57 were ineffective.

As in past years the health visitors have been of great assistance in bringing to notice cases of defect, whether physical or mental. All such cases are recorded in a special register and reviewed at regular intervals so that improvements may be noted, as well as action taken regarding fitness for school at a later date.

Problem families.—It was not found necessary to use the home help service, but more emphasis was placed on the supervision of pre-problem families in an effort to prevent further deterioration.

During the year two joint meetings were held, at which seven difficult cases were discussed by all the services concerned. These meetings are usually called when a family is threatened with breaking up, eviction, or other acute emergency, otherwise personal contact is maintained among the workers, normally by telephone.

HOME NURSING

The staff position in this Service at the end of the year was :—

Whole-time

- 1 Superintendent (S.R.N., S.C.M., H.V., Q.N.)
- 4 Queen's Nurses (including two males)
- 7 State Registered Nurses.
- 3 Enrolled Assistant Nurses.

Part-time

- 1 Enrolled Assistant Nurse.

A male nurse was sent to Birmingham to take the Queen's Training, qualifying as a Queen's Nurse in September.

One state registered nurse and one enrolled assistant nurse attended refresher courses arranged by the Queen's Institute of District Nursing and the Royal College of Nursing respectively.

The arrangement was continued whereby students from the local hospitals were shewn the work of the Home Nursing Service, and this was extended during the year to include all the students from the preliminary training courses. It is interesting to note that several of the student nurses, after qualifying, applied for work on the district and one was actually employed while the male nurse was away, but no further vacancies existed on the establishment.

The following table shows the work done :—

Cases being nursed on 1st January	247
New cases nursed during the year;—	
Adults	876
Children 5 to 15 years of age ..	12
Children under 5 years of age ..	21
	<hr/>
	909
	<hr/>
Total	1,156

The figures given below show the total cases and the number of visits compared with the two previous years:—

<i>Year</i>	<i>New Cases</i>	<i>Total Cases</i>	<i>Visits</i>
1955	1,125	1,309	33,648
1956	959	1,169	36,111
1957	909	1,156	38,029

Summary of New cases nursed

ADULTS

Notifiable diseases:—

Tuberculosis	..	..	..	..	..	29
Pneumonia	..	..	..	..	..	6
Others	..	..	..	..	..	13

Maternal:—

Post-Natal pyrexia	..	..	..	..	..	13
Miscarriage	..	..	..	..	..	3
Others	..	..	..	..	..	14

Surgical:—

Acute	..	..	..	..	..	..	38
Chronic		..	..	..	..	..	27

Medical:—

Diabetes	..	..	..	..	..	20
Broncho-pneumonia	..	..	..	..	..	25
Bronchitis	..	..	..	..	..	23
Other chest conditions		..	..	..	..	13
Rheumatic conditions		..	..	..	..	11
Cerebral haemorrhage	—	under 60	..	..	..	14
„	„	— over 60	..	..	..	71
Cancer	..	..	..	..	..	79
Ear, nose and throat	..	..	..	..	..	4
Gynaecological	..	..	..	..	..	40

Cardiac disease	..	..	..	..	..	107
Disseminated sclerosis	..	..	..	..	..	9
Senility	..	..	..	..	..	100
Enemata	..	..	..	..	..	83
Others	..	..	..	..	..	134
						<hr/> 876

CHILDREN 5 to 15 YEARS OF AGE

Medical	..	..	..	..	..	11
Surgical	..	..	..	..	..	1

CHILDREN UNDER 5 YEARS OF AGE

Medical	..	..	..	..	..	14
Surgical	..	..	..	..	..	7
						<hr/>
Total	..	..	..	..	..	909

Injections.—The nursing staff gave injections to patients in their homes, as follows:—

Diabetics (insulin)	..	..	..	..	..	40
Antibiotics	..	..	..	..	..	92
Diuretics	..	..	..	..	..	63
Liver preparations	..	..	..	..	..	30
Cortisone	..	..	..	..	..	1
Other special injections	..	..	..	..	..	9

Out of the above total of 235 patients receiving injections during the year 52 also required general nursing care. There has been a slight decrease in antibiotic injections; most of those given have been to tuberculous patients and to cases referred by the consultant venereologist. General medical practitioners, with whom co-operation remains good, are now sending fewer cases for such injections.

While it is impossible to give exact numbers, there is no doubt that the Home Nursing Service contributes towards a general saving of hospital beds. This saving is achieved by encouraging the early discharge rather than preventing the actual admission of patients. The surgical cases illustrate this particularly well, especially in acute appendicitis and genito-urinary surgery.

It is safe to assume that the majority of patients receiving injections at home would formerly have occupied a hospital bed, especially pulmonary tuberculosis. Cases of cerebral haemorrhage under 60 years of age could also have been hospitalised for long periods, and it will be noted that quite a large group of cardiac patients were nursed at home.

Many of the children referred to above, particularly those under 5 years of age, would formerly have been admitted to hospital, and this is obviously part of the Service which should be developed.

The greatest saving is undoubtedly in the chronic sick category, many of whom would have blocked much needed beds. This is a joint effort with the Home Help Service and it is difficult to estimate how much these Services have contributed individually in preventing admission, but there is no doubt that their combined efforts have enabled many old people to remain at home.

VACCINATION AND IMMUNISATION (Section 26)

General.—The Minister of Health issued Circular No. 8/57 in July on immunisation procedure, and in the light of the advice the Minister had received from the Central Health Services Council it was considered that some changes were indicated. This matter was discussed at the Local Medical Committee and the following guide to immunisation procedure was prepared for the benefit of the general medical practitioners in conjunction with the Paediatrician, Dr. D. Stone.

Disease	Age	Maintenance	No. of primary injections
Smallpox	3 months	4 yearly	—
Combined Diphtheria Whooping Cough and Tetanus (Triple Antigen)	4-5 months	Aged 2, 5 and 10 years	Three injections at one month intervals
Poliomyelitis ...	9 months	Not yet decided.	Two injections at not less than three weekly intervals. No time limit between injections.
Whooping Cough (Glaxo)	4 months	Aged 2 years and 5 years	Three injections at monthly intervals.
Diphtheria ... (F.T. & T.A.F.)	7 months	Aged 2, 5 and 10 years. (T.A.F.)	Three injections at monthly intervals

Diphtheria immunisation.—A total of 1,247 children received the complete course of inoculations with 652 of these being performed by general medical practitioners. The previous year accounted for 1,419 primary immunisations. The number of children fully protected in the age group 0-15 years represents 81 per cent. of the child population as compared with 80 per cent. last year.

Reinforcing injections were given to 1,386 children, of which 141 were done by general medical practitioners. The following shows the immunisation figures over the last five years.

YEAR	PRIMARY IMMUNISATION			REINFORCING INJECTIONS
	Under 5 yrs.	5-15 yrs.	Total	5-15 yrs.
1953 ..	1,038	152	1,190	871
1954 ..	1,084	1,482	2,566	4,851
1955 ..	962	337	1,299	1,012
1956 ..	1,168	251	1,419	973
1957 ..	1,112	135	1,247	1,386

The position at the end of the year in relation to the child population is given in the table below. It includes all children who had completed a course of immunisation at any time before the 31st December, 1957, and for comparison the immunity index for the previous year has been added at the foot of this table.

	<i>Year of Birth</i>				
	<i>Under 1 1957</i>	<i>1-4 1953-1956</i>	<i>5-9 1948-1952</i>	<i>10-14 1943-1947</i>	<i>Under 15 Total</i>
Last injection 1953 to 1957	107	3,810	5,977	5,337	15,231
Last injection 1952 or earlier	—	—	1,616	2,914	4,530
Estimated child population ...	1,710	6,690	15,800		24,200
Immunity Index	6%	57%	72%		63%
Immunity Index as at 31.12.56	5%	56%	73%		64%

Whooping cough immunisation.—The number of children who received a primary course of immunisation against whooping cough was 1,094 and reinforcing injections were given to 27 children. In the previous year 1,160 were protected.

Smallpox vaccination.—Details of the number of vaccinations during the past five years are given in the following table.

YEAR	PRIMARY VACCINATIONS					RE-VAC- CINATIONS. All Ages	
	AGE PERIOD						
	Under 1	1-4	5-14	Adults	Total		
1953	..	329	114	40	53	536	90
1954	..	362	64	33	79	538	196
1955	..	308	114	24	80	526	114
1956	..	339	81	14	71	505	136
1957	..	426	123	32	103	684	257

The total of 684 primary vaccinations is the highest on record since the end of compulsory vaccination in 1948, and about three-quarters of these were performed by general medical practitioners. The percentage of children under the age of one year who were vaccinated in relation to the registered births was 23 per cent. as compared with 18 per cent. for 1956.

Poliomyelitis vaccination.—This subject is dealt with fully in the School Health section of this report, but the total number of children completing vaccination at the end of the year was 4,008.

AMBULANCE SERVICE

The returns for this service continue to show encouraging signs of the peak having been reached. For the first time there is a definite decrease in the number of patients carried and the miles travelled by the vehicles, and this, together with a further fall in the number of journeys undertaken, gives rise to the assumption that a general levelling out is taking place.

During the year 20,345 calls were received; 76 of these originated in places outside the borough and were transmitted to the appropriate authority. 26,829 patients were transported and 131,461 miles covered by the vehicles. Rail transport accounted for 49 journeys compared with 46 last year. Of the number of patients carried 2,350 were accident or other type of emergency cases.

The greater portion of the work of the service is concerned with out-patient attendances at hospitals and clinics. In this respect great strides have been made in reducing the number of journeys necessary to meet the demand, and this is reflected in the total mileage shown during the year under review. This, too, has been aided by better co-ordination at hospitals and by re-routing of vehicles by telephone. General medical practitioners using the service have become better acquainted with the numerous tasks it has to perform and in the prevention of vehicles being used merely as a means of transport from hospital or home when public transport can serve that purpose without undue hardship to the patient. Relations with the medical profession have never been better and have gone a long way towards minimising abuse. Specialist hospitals are not yet making the best use of the service and, with better co-ordination within the hospitals themselves, duplication of journeys can be avoided.

The National Health Service (Amendment) Act, 1957, which has solved the problem of transporting persons not covered by the Act of 1946, provides for local authority ambulance services to carry patients for reward and also to charge for the stationing of ambulances at large public gatherings, subject to the work not interfering with the normal obligations of the service.

The transport of patients by rail has been the means of releasing crews for the more concentrated work in the borough, helping to reduce waiting time and removing one of the causes of overcrowding at hospitals. Rail transport is used where few changes are involved; in these arrangements other services are brought in to assist at intermediate stages of the journey and at the receiving end to convey patients to their final destination. This form of transport has now become an established method of undertaking long distance journeys. In making the arrangements and in the way they are carried out no praise can be too high for the officials and staff of British Railways for their co-operation and help, especially when given short notice. Any hope that more use could be made of the railways faded with the introduction of the diesel train as by the end of the year the number of these had increased and were beginning to operate over longer routes. The type of coach used in the make up of these trains is not suitable for the conveyance of most patients, and those cases formerly sent to certain centres by rail are again having to be taken by road. Unless the design of these coaches are changed little use of this service will be possible in the future.

New equipment purchased during the year has provided the service with two Stephenson Minuteman Resuscitators. The Minuteman is a great advance in the application of artificial respiration — it performs this function without manual assistance and resuscitation can be carried out easily and without interruption from the time the patient is reached until arrival at hospital.

The number of staff employed in the service remains unchanged at 28. The salaried staff consists of the ambulance officer and a control clerk. The other 26 employees are designated as follows—station foreman 1, shift leaders 4, driver-attendants 19, skilled motor fitter 1 and semi-skilled mechanic 1. One driver-attendant left the service during the year and has been replaced. Annual refresher courses in first aid are arranged and attended by the staff as a condition of service. A national competition for local authority ambulance services is attracting many entries and a team from this service was entered for the second year in succession. Although they were unsuccessful in reaching the final they gained second place in the regional contest.

Statistical tables are given below, the figures in brackets correspond with the previous year :—

		CALLS.		JOURNEYS IN DISTANCES		
Accidents		1,243	(1,352)			
Other emergency ..		982	(486)	Under 50 miles	6,817	(7,766)
Removals		17,678	(16,943)	50-100 miles ..	269	(327)
Miscellaneous ..		442	(405)	Over 100 miles	127	(177)
Total		20,345	(19,186)			

		OPERATIONAL			
<i>Type of Case</i>		<i>Patients</i>		<i>Journeys</i>	
Accidents		1,334	(1,405)	1,232	(1,346)
Other emergency ..		1,016	(498)	980	(486)
Removals (Local)		23,006	(24,866)	4,159	(5,405)
Removals (Others)		1,235	(2,132)	476	(719)
Miscellaneous ..		238	(231)	366	(314)
Totals		26,829	(29,132)	7,213	(8,270)

		ANALYSIS OF ALL JOURNEYS					
<i>Type</i>		<i>Patients</i>		<i>Journeys</i>		<i>Mileage</i>	
EMERGENCY							
Ambulances		1,678	(1,430)	1,569	(1,350)	8,453	(6,669)
Sitting Case Cars		672	(473)	644	(462)	3,894	(2,342)
GENERAL							
Ambulances		14,745	(16,957)	2,732	(3,674)	60,282	(69,600)
Sitting Case Cars		9,734	(10,272)	2,147	(2,671)	53,751	(64,104)
ABORTIVE AND SERVICE							
Ambulances		—	(—)	140	(140)	1,725	(1,307)
Sitting Case Cars		—	(—)	199	(172)	2,262	(1,619)
CIVIL DEFENCE							
Ambulances		—	(—)	—	(—)	—	(—)
Sitting Case Cars		—	(—)	41	(70)	1,094	(2,194)
Totals ..		26,829	(29,132)	7,472	(8,539)	131,461	(147,835)

BY RAIL	50	(47)	49	(46)	7,806	(7,421)
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		VEHICLE STATISTICS			
	MILES	PETROL (GALLS.)		M.P.G.	
Ambulances	70,290	(77,523)	5,503	(6,176)	12.77 (12.55)
Dual Purpose					
Ambulances	29,029	(—)	1,255	(—)	23.13 (—)
Sitting Case Cars	32,142	(70,312)	1,818	(3,751)	17.68 (18.85)

AVERAGES			
Mileage per patient ..		4.89	(5.07)
Mileage per journey ..		17.59	(17.30)

OTHER AUTHORITY CASES			
CHARGEABLE		NOT CHARGEABLE	
Patients carried	19 (52)	Patients carried	25 (110)
Miles travelled	324 (372)	Miles travelled	1,330 (4,258)

OTHER CHARGEABLE MILEAGE		
CIVIL DEFENCE	1,994	(2,194)
MISCELLANEOUS	640	(814)

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

As from the 1st August, 1957, the shared almoner service was discontinued at the wish of the Grimsby Hospital Management Committee because it was hoped that in this way more almoners could be recruited. The officer remaining was appointed as a social worker in the Health Department and continued with outside almoning, having access to the hospitals when necessary.

New patients seen by the social worker during the year totalled 327 and casework was continued in 1,084 cases. The number of patients seen in hospital was 581, 340 people were interviewed in the Health Department, and 564 home visits were made.

As in previous years the aged and their attendant problems required a good deal of time and attention, not only in seeing to creature comforts and services but in the need for patient listening, as many of these old people are lonely.

The re-adjustment and re-establishment of the prematurely ageing caused by cardiac and relative conditions is an increasing necessity of the service, which only can be dealt with adequately by domiciliary visiting.

Central Care Council.—The General Care Committee of this Council has provided financial assistance to 27 families during the year, the type of help given being similar to that in previous years.

Other voluntary associations have also given financial assistance to three new cases, and the National Society for Cancer Relief continued weekly grants for extra nourishment to four patients.

DOMESTIC HELP

As in previous years this service has again shewn an increase in the number of cases attended, an average of 292 compared with 256 in 1956. The type of cases dealt with are elderly, infirm, chronic sick, tuberculous, blind, maternity and emergency, many of these having been referred in the first instance by doctors, almoners, nurses, health visitors and midwives, and by the staffs of the Welfare Services, National Assistance Board and voluntary bodies. There has also been a slight increase in the number of maternity cases over the previous year.

The cases of aged and chronic sick have doubled in number over the past 5 years. This type of case is becoming more and more difficult to deal with as it often necessitates a home help calling in twice or possibly three times a day, i.e. in between her other cases, and the strain on the employee is therefore quite considerable.

During the past 6 months it has become a little more difficult to obtain the right type of person for this work, due possibly to the many new light industries now in the area, and many more home helps are going to be needed if the service is to meet the ever increasing demands made upon it.

The following relates to the working of the scheme :—

Administrative staff on 31st December, 1957:—

Organiser	1	}	2
Clerk	1		

Home Helps employed at 31st December, 1957:—

Whole time	6	}	97
Part time	91		

Cases assisted:—

Maternity (including expectant mothers)	106	}	625
Tuberculosis	3		
Chronic sick, aged and infirm	460		
Others	56		

The following figures show the amount of service given in a representative week, when 322 cases were dealt with :—

- 20 patients received 2 hours but less than 3 hours per day.
- 148 patients received 3 hours but less than 4 hours per day.
- 63 patients received 4 hours but less than 5 hours per day.
- 4 patients received 5 hours per day.
- 1 patient received 6 hours per day.

The remaining 86 cases received 2 or more half days per week and included in this figure are 19 patients, compared with nine in the previous year, where a home help called for approximately one hour daily. Five confinement cases were dealt with during this particular week — one full-time and four part-time.

Payment for Service.—Of the 625 cases assisted, the charges were distributed in the following way:—

	<i>Free of cost</i>	<i>Part cost</i>	<i>Full cost</i>
Tuberculous cases	2	1	—
Chronic sick, aged and infirm ...	349	98	13
Maternity	3	61	42
Others	7	21	28
Total	361	181	83

The standard charge remained at 3s. 0d. an hour until November 1st, 1957, when this was increased to 4s. 0d. There was no alteration in the supervision and conditions of service of home helps.

MENTAL HEALTH

Administration.—The Mental Health Sub-Committee consists of 16 members, 5 of whom are co-opted. The senior mental health worker is responsible to the medical officer of health for the service provided by this section.

There are two male officers who, together with the senior woman officer, act as duly authorised officers and, assisted by two women mental health workers, are also responsible for the mental deficiency visiting. Both women mental health workers have social science diplomas and the two male duly authorised officers have attended in-service courses at Sheffield University. The senior mental health worker is responsible for providing case histories on behalf of patients attending the psychiatric clinic, which is held at the General Hospital. The supervisor of the Occupation Centre and the assistant supervisor in charge of the infant group, together with the male assistant supervisor in charge of the boys' group, hold the diploma of the National Association for Mental Health. Two other assistants in the Centre were employed as supply teachers in the county area before joining the staff of the Occupation Centre. There is one other part-time assistant in addition to the domestic staff.

The provision of psychiatric services has increased during the year. The psychiatrist is now available in the town for domiciliary visits where these are necessary; three sessions of the psychiatric clinic have been established at the two local general hospitals and one of the social workers is often in attendance at the clinic. Case conferences are held from time to time at the mental health office, the social workers following up many of the patients on the advice of the psychiatrist.

Reports on home conditions in the mental deficiency field are provided as required and patients escorted to and from institutions as needed. Admission of patients for short stay care during the summer holiday has expanded, but there is a need for such provision at other times of the year. The new Occupation Centre now uses two 'buses instead of one for the collection of the children and this has proved a more satisfactory arrangement.

There is no voluntary association for mental health in the borough, but the department works very closely with the local branch of the National Society for Mentally Handicapped Children whose members during the year opened a club for older boys to correspond with the club already run by the local authority for older girls. This innovation has proved of great value and was staffed in its early days by the mental health workers and the parents of the society. The club has proved a most satisfactory example of co-operation between the voluntary and the local authority services.

Account of work undertaken in the Community.—Under Section 28 of the National Health Service Act, 1946, visits are paid to all patients as required. Patients are referred by hospital staff, the family doctor and by relatives, smaller numbers coming from police, probation officers, welfare services, employers, members of council and other organisations. All such referrals are followed up and appointments arranged at the psychiatric out-patient clinic where necessary. Supervisory visits to mentally ill and mentally defective patients are paid as required.

Co-operation has been maintained with the officers of the Ministry of Labour who are always helpful in assisting patients leaving hospital to re-settle into employment. Similar co-operation with officers of the National Assistance Board is maintained at all times and the assistance given by both these groups of officers is very much appreciated.

Lunacy and Mental Treatment Acts, 1890 to 1930.—The senior mental health worker and the two male duly authorised officers are responsible for any immediate action needed under the Lunacy Acts, the majority of this work being carried out by the two male officers. Whenever the need arises an officer visits and arranges for admission to hospital for observation or treatment immediately. The two junior mental health workers share the home visiting with the duly authorised officers and accompany patients to hospital. Particular importance is attached to maintaining a good personal relationship between the patient and the officer who is first called in as such continuity has proved most beneficial in many cases in the past.

The restriction on the admission of voluntary patients has hampered a natural development of the service, but the opening of the neurosis unit in the Scartho Road Hospital presents a great step forward. Short-term care for women patients suffering from milder forms of neurosis, together with out-patient treatment for both men and women, marks a further milestone in the mental health service.

The following cases were admitted to Bracebridge Heath Hospital during the year :—

						Males	Females	Total
Voluntary	..	..	..	..	..	11	5	16
Temporary	..	..	..	..	..	—	—	—
Certified	..	..	..	..	..	36	39	75
Sec. 20 (S.R.H.)	..	..	..	..	..	18	9	27
Sec. 20 (B.H.H.)	..	..	..	..	..	10	4	14
Section 21	..	..	..	..	..	7	1	8
						<hr/> 82	<hr/> 58	<hr/> 140

Cases have been dealt with by the duly authorised officers as follows :—
Senior Mental Health Worker—13 plus 41 calls with no action taken under Lunacy Acts.

Mr. Rackham—37 plus 53 calls with no action taken under Lunacy Acts.

Mr. MacKenzie—69 plus 70 calls with no action taken under Lunacy Acts.

The services of the borough ambulances were required on 110 occasions.

Mental Deficiency Acts, 1913-1938.—The majority of patients have been referred by the Maternal and Child Welfare and School Health Services and by medical practitioners. A small number were referred by welfare officers, police and probation officers, and parents. The medical section of the ascertainment form on behalf of school children is completed by the mental health staff and any knowledge of the family is then added to the form. After-care visits to educationally sub-normal children not reported for statutory supervision on leaving school are also paid by the mental health staff.

Arrangements for guardianship in the borough remain unchanged. There were no new cases placed under care but the Order on behalf of two patients has been varied to other guardianship.

Three males and two females have been admitted to institutions, ten patients remaining on the waiting list at the end of the year.

Employment was found for five patients; one boy proved unsatisfactory and in two cases the work ended when the summer season came to a close. One girl remains in the post found for her.

Treatment was provided for ten patients at the School Dental Clinic.

The number of cases remaining on the register at 31.12.57 were as follows—

		M	F	T
(a)	In institutions			
	(Under 16 years of age)	18	7	25
	(Aged 16 years and over)	85	86	171
(b)	Under Guardianship			
	(Under 16 years of age)	—	—	—
	(Aged 16 years and over)	12	23	35
(c)	Under Statutory			
	(Under 16 years of age)	23	28	51
	Supervision			
	(Aged 16 years and over)	131	128	259
(d)	Under Voluntary			
	(Under 16 years of age)	—	—	—
	Supervision			
	(Aged 16 years and over)	7	20	27
		<hr/>	<hr/>	<hr/>
		276	292	568
		<hr/>	<hr/>	<hr/>

Girls' Club.—The Girls' Club is run by the junior mental health workers and is held one evening each week from 4 to 8 o'clock, several girls coming along as they leave their work. Tea is provided and followed by the usual club activities, such as handwork, singing and dancing—country dancing proving especially popular. There is a summer coach outing each year for which the girls save steadily and a Christmas party to which they look forward eagerly. For a few of the girls attendance at the club is their only outside social activity.

Occupation Centre.—Forty-seven patients are in attendance at the centre in addition to twelve from the borough of Cleethorpes. A woodwork class, supervised by one of the duly authorised officers, caters for a few older boys with similar provision for junior boys supervised by one of the permanent staff of the centre.

A knitting machine has been added to the equipment and several girls have learned to operate it successfully. The local branch of the National Society for Mentally Handicapped Children donated an electric sewing machine, which gives great satisfaction to some of the older girls.

PART IV.

SANITARY CIRCUMSTANCES

Water Supply

Rivers and Streams

Sewerage and drainage

Public cleansing

Sanitary inspection

Pest control

Atmospheric pollution

IV.—SANITARY CIRCUMSTANCES.

Harold Parkinson, Chief Public Health Inspector, has compiled this Section of the report :—

Inspectorate.—The position relating to the shortage of staff has worsened since 1956 and in consequence much work has had to be neglected. The cumulative effects of only having half a staff, of course, were not noticed at once, but over the months it was necessary to reduce further the list of priorities of work previously decided. It is difficult to describe the sense of frustration to inspectors and at times annoyance to complainants and householders when action on many matters so obviously necessary had to be delayed — in some instances indefinitely. The pressure of day to day work on a “make do” basis puts routine work out of the question in connection with the systematic inspection and repair of houses, surveys of houses let in lodgings, re-paving of yards and passages etc. How a much reduced staff (without the reserves in case of illness) will cope with an emergency, such as a severe outbreak of infectious disease (as occurred in connection with small pox in 1947 when the resources of a full inspectorial staff were severely taxed), is a very serious question which merits consideration and action now.

Water Supply.—As for many years past the public supply from the Grimsby, Cleethorpes and District Water Board proved adequate in quantity for the present needs of the county borough and satisfactory chemically and bacteriologically.

Certain commercial and industrial undertakings in the town and also a few houses on the outskirts obtain supplies from private bores and wells.

Rivers, Streams and Ponds.—The condition of the river Freshney continued to be satisfactory, although the New Cut at Pyewipe was as offensive as ever after receiving the effluents from the adjoining fish meal works.

Sewerage and Drainage.—Plans were under consideration for the development of certain areas by private builders in the Scartho Ward. When sewers are constructed it will be possible to connect the drainage systems of houses, (where cesspools are still in use) to the new sewers during the coming years.

About one ton of fat was dug out of a sewer which had inadvertently been discharged through a food processing factory drainage system.

Closet Accommodation.—At a comparatively very small number of houses pail closets were still in use ; and eventually these should be replaced by water closets as building development of outlying areas continues.

Public Cleansing.—The Cleansing Superintendent (Mr. Ernest Austin) reports that 29,989 tons, 13 cwts. 2 qrs. of house and trade refuse were collected, of which 1,448 tons, 13 cwts. were salvaged and sold. The income from salvage was £15,401 13s. 11d. The Cleansing Department has no incinerator and all refuse was tipped at Spring Bank.

Under the Corporation Scheme (Section 75 (3) of the Public Health Act, 1936) 2,250 new ashbins were supplied in 1957. Since 1950, 11,152 new ashbins have been provided under the scheme.

Sanitary Inspections

Accumulations	117	Animals	44
Ashbins	1	Caravans	4
Complaints received and investigated	1,865	Dirty houses and persons ..	81
Drain tests	129	Drainage	2,887
Infectious disease enquiries	352	Factories and outworkers	39
Offensive smells	130	Lodging houses	12
Offensive trades	14	Miscellaneous matters	1,453
Piggeries and stables	45	Passages and yards	136
Rooms disinfected after infectious disease	77	Rats and mice	112
Water supply	35	Smoke observations	106
		Verminous premises	36

Housing.

Houses, defects and nuisances (Public Health Act)	2,309
Houses (Housing Act)	1,439
Overcrowding (Housing Act)	38

Notices.

Informal notices served	707
Statutory notices served (all Public Health Act)	262

Work in default was carried out by the Corporation at the cost of the owners in respect of 47 notices.

Abatement Orders. Several owners were warned that court proceedings were in the preliminary stages and in three instances it was necessary to appear before the magistrates, who granted abatement orders.

Defects remedied and nuisances abated included:—

Accumulations cleared ..	12	Animal etc. (nuisances abated)	Nil
Chimney repairs	45	Doors and frames renewed or repaired	78
Drains cleared	876	Drain repairs	87
(involving 3,417 houses)		Eavesgutters new and re-paired	134
Drain and inspection chambers (new)	10	Fireplace and range repairs ..	69
Floor repairs or renewals ..	179	Handrails provided and re-fixed	4
Houses cleansed	Nil	Passages paved and repaired	1
Offensive smells abated ..	8	Plaster repairs	301
Rain water pipe repairs and renewals	54	Roof repairs	165
Stairway repairs	3	Sink and pipe repairs	15
Window repairs	114	Wall repairs	65
Water closet repairs	162	Wash boiler repairs and renewals	7
Yard and paths repaired and repaved	17	Water pipes and taps repaired	50
		Yard walls and gates repaired	Nil

Paving of Passages.—Apart from the re-paving of a few passages, little work has been attempted although the conditions in many passages throughout the town were deplorable.

Persons needing care and attention.—National Assistance Act, Section 47.—In only one instance was it necessary for the Medical Officer of Health to apply for a removal order under the Act, but before the magistrates heard the application, the aged woman went into Scartho Road Infirmary voluntarily.

Offensive trades.—

Tripe dresser	1
Fish meal maker	1
Fat melters	2
Fish curers	16
Hide and skin dealers ..	2
Gut scraper	1
Rag and bone dealers ..	4

See comment in paragraph on atmospheric pollution at fish meal works.

Fish Curing.—Members of the Health Committee again considered authorising the issue of the statutory six months notices to 14 fish curers with premises in the town withdrawing the Council's permission to carry on the offensive trade of fish curing. As the available sites on the Orwell Street area allocated for fish curing had already been acquired by large fish processing firms it was decided to postpone the issue of notices until 1958, when sites on the proposed Trinity Street Clearance Area might be available.

To bring many of the 14 fish curing houses up to modern standards, both structurally and hygienically, would involve considerable financial outlay.

Fish Transport.—Gradually local fish merchants, with notable exceptions, attempted to cope with the trouble caused by the discharge of fishy liquids from vehicles on to the public highways. The Town Council considered that a new byelaw to deal with these nuisances was necessary and, after the required preliminaries, application was made to the Ministry for approval. Help by members of the Grimsby Police Force in reporting cases has been appreciated.

Pest Control.—Three men were originally employed on this work, but when one left it was decided not to fill the vacancy because of the considerable improvement they had brought about during the previous years. Apart from temporary help during the treatment of sewers, the two men coped quite adequately with the work.

Eradication of Vermin.—Spraying with D.D.T. solutions continued, but cockroach infestations proved the most difficult to clear and only the passing of time will prove how effective the use of D.D.T. has been in connection with woodworm infestations. Wasp nests were treated with Cyanide.

Disinfestations undertaken included:—

5 for bugs (including 2 council houses).
3 for fleas (including 2 council houses).
28 for cockroaches (including 8 council houses).
13 for woodworm (including 9 council houses).
19 for earwigs (including 17 council houses).
6 for mites.
1 for moths.
1 for spiders

Atmospheric Pollution.—Deposits from the two guages at Bargate and the back of Freeman Street continued to be examined during the year.

Extracts from the analytical records are as follows:—

Lowest weight of deposit in any month (tons per square mile).

Bargate	6.53
Back Freeman Street	7.32

Heaviest weight of deposit in any month (tons per square mile)

Bargate	19.59
Back Freeman Street	17.15

Average monthly deposit (tons per square mile)

Bargate	12.22
Back Freeman Street	10.83

The Town Council adopted the model Byelaw relating to the installation of approved appliances for heating or cooking in new buildings. (Public Health Act, 1936 and Clean Air Act, 1956—Section 24).

Grit Nuisances.—Residents in three different areas of the town complained about the emission of grit from the chimneys of three factories :—

- (a) After representations had been made to the management of one firm about the necessity of fixing a grit arrester, technical enquiries were made at once about the provision of the most suitable type for the purpose, and within a reasonable period a grit arrester was installed and working effectively. The cost of the installation was over £2,000
- (b) Another firm—with a much larger steam raising plant, which had caused serious and increasing annoyance in the West Marsh area for a long period — after prolonged negotiations and warnings about possible prosecutions, decided to install grit arresters. Previously various palliative measures had been tried with very little effect. During 1957 a definite order was placed with a firm of engineers, but the plant was not expected to be working until 1958. The nearby householders were informed and to some extent the news enabled them to endure the nuisance with the hope that there would be a cleaner district in the foreseeable future.
- (c) For a period of six months when a ceratin factory had been closed no complaint was received about grit emissions, but soon after it re-opened in August complaints were made again by nearby residents. The firm in the past had contested the results of observations made by inspectors — holding that other nearby firms were the culprits — but observations made during the period of closure proved which factory had been the cause of the trouble previously. At the end of the year the new owners of the factory gave an undertaking to make a thorough investigation of their plant and their future needs and decide whether to fit a grit arrester or change over to oil fuel.

Offensive Fumes.—

Fish meal works.—The Grimsby Fish Meal Company installed a “ pilot ” plant for deodorising fumes from their concentrators at the Fish Dock factory as an experiment which proved reasonably effective. As this company had begun to build a new fish meal factory in the rural district at Pyewipe, with the intention of transferring all processing (except possibly during peak periods) from the old factory in the County Borough to new ; the firm, after consideration, had decided that the capital outlay in purchasing and fixing similar, but more extensive, equipment in the old factory could not be justified for the comparatively short period before the new factory commenced production.

Experiments with a certain method to deodorise fumes from cooking ranges at a large food factory did not prove successful ; but the firm was willing to continue experimenting and at the end of the year it was decided that the firm's own engineering department would install and operate equipment devised in consultation with the Chief Public Health Inspector.

Complaints were received from time to time about discomfort caused to Grimsby residents by fumes from the factories on the Humber Bank in the rural district, which are under the control of H.M. Inspector of Alkali etc. Works, who is stationed in Sheffield, to whom the complaints were referred.

Factories Act.—See statistical report in the appendix.

Places of Entertainment.—Surveys were made of school and Sunday school premises when applications had been received for new licences and routine inspections made of premises before existing licences were renewed. Apart from minor defects, as far as the requirements of the Health Department were concerned, all the premises were generally satisfactory.

Fairground.—Inspections were made at the Corporation site in Cromwell Road when fairs visited the town. The main complaint received from nearby residents was about noise, but little could be done about this by the inspectors.

Swimming Baths.—Satisfactory results from bacteriological tests of water taken from the two baths during use proved the effectiveness of the continuous filtration plants. The legend about the building of the proposed new swimming baths is now a year older and the date for building to commence is still unknown.

Rag Flock and other Filling Materials Act and Regulations.—

Licence for storage of rag flock for sale 1

Registered for use of filling materials 5

Shops Act.—Informal notices were served relating to the provision of adequate sanitary accommodation and defects were also remedied at shops when action was taken under the provisions of other Acts and Regulations administered by the Public Health Inspectors.

Plans of new shops and alterations were examined and the requirements of the Act brought to the attention of the owners and occupiers.

Disposal of the Dead.—Since the Grimsby crematorium was built in 1954 the number of cremations has gradually increased year by year and in 1957 there were 785 cremations (323 Grimsby residents and 462 from other parts of the county) — an increase of 149 over 1956.

PART V.

HOUSING.

New houses

Demolitions

Unfit houses

Housing inspections

V.—HOUSING.

The Chief Public Health Inspector has prepared this Section of the report :-

New houses.—383 were built in 1957.

Demolitions.—35 were demolished, chiefly in the Redevelopment Areas of the town.

HOUSING ACTS.

Slum Clearance.—It was decided that for this year this work should be one of the priorities of the public health inspectors' duties. In spite of the considerable efforts made, the proposed yearly programme could not be fulfilled and for the second year in succession the work fell into arrears.

Clearance Areas represented.—18 — 322 houses — 987 persons.

Orwell Street	No. 2	13 houses	—	45 persons
„ „	„ 3	13 „	—	44 „
„ „	„ 4	6 „	—	35 „
„ „	„ 5	10 „	—	36 „
Burgess Street	„ 7	8 „	—	14 „
Kent Street	„ 1	12 „	—	44 „
„ „	„ 2	4 „	—	10 „
Albert Street	„ 4	20 „	—	75 „
„ „	„ 5	22 „	—	45 „
Redhill	„ 1	27 „	—	57 „
Old Cartergate	„ 1	3 „	—	10 „
Church Street	„ 1	5 „	—	12 „
Nelson Street	„ 1	21 „	—	48 „
„ „	„ 2	13 „	—	41 „
Humber Street				
& Trinity Street	„ 1	123 „	—	398 „
Albion Street	„ 2	12 „	—	36 „
Church Place	„ 1	7 „	—	24 „
„ „	„ 2	3 „	—	13 „

Individual unfit houses — 100 — 361 persons.

19, 43 Nelson Street

5, 7, 9, 11 Nacton Street.

2, 4, 6, 10, 12, 14, 16, 18, 20, 22, 24, 26, 28, 30, 32, 34, 36, 38, 40, 42, 44, 48, 50, 52, 54, 56, 58, 60 Bedford Street.

84 Hope Street.

1, 3, 5, 7, 9, 11 Holles Street.

62, 64, 66, 68, 70 Eastgate.

10, 12, 14, 16 Kent Street.

1 Bk. 10, 2 Bk. 12, 3 Bk. 14, 4 Bk. 16, 5 Bk. 18, 6 Bk. 20, 7 Bk. 22, 8 Bk. 24, 40, 42, 44, 46, 48, 50, 52, 10 Bk. 40, 1 Bk. 52 Kent Street.

1, 2, Bk. 49 Church Street.

33, 35, 37, 1 Bk. 33, 2 Bk. 33, 3 Bk. 33 Pasture Street.

23, Bk. 23, 25, Bk. 25, 27, 31 Garibaldi Street.

1 Cavendish Street.

Bk. 406 Wellington Street.

61 Trinity Street.

5a Dover Street.

1, 2, 3, 4, Bk. 18 Garibaldi Street.

1, 3, 9, 11, 13, 17, 19 Armstrong Street.

180 Willingham Street.

18, 70, 72 Orwell Street.

Underground rooms.

100 Stirling Street — 2 persons.

Underground rooms which were subject to a Clearance Order were re-let after the Corporation had re-housed the former occupants. The magistrates fined the owner £5.

Overcrowding.—Problem families. When gross overcrowding was noted the facts were reported to the Housing Officer, but no special efforts were made to ascertain the extent of overcrowding in the town.

The House Letting Sub-Committee continued its most difficult work throughout the year—often meeting twice weekly—interviewing all types of applicants, including parents of “problem” families. Special consideration was given to applicants on medical grounds and overcrowded families also received sympathetic treatment.

“Problem” families were a continual source of worry and concern to members of the Committee. Two well known “problem” families, after eviction by private landlords, squatted in two houses awaiting demolition in a clearance area. The squalid conditions under which children lived were appalling and the facts were brought to the attention of the Childrens’ Officer. Eventually, weeks later, both families moved as demolition work proceeded.

Caravans.—There is not an official “caravan” site and the only caravans used for living purposes in Grimsby were those of showmen visiting the town for a few days. The Council did not give the required permission for any other caravans to be used as dwellings in the town.

Common Lodging Houses.—The largest common lodging house with 105 beds was included in a confirmed compulsory purchase order and it is the intention of the Town Council to demolish these and other premises for redevelopment of the area for commercial and industrial purposes.

The Council did not proceed with a proposal to provide alternative accommodation by the purchase of a former orphanage, which was not easily adaptable for the purpose.

If and when the Salvation Army Hostel is demolished and alternative accommodation is not available a serious problem will confront the Council when possibly 80 men, many of whom are aged pensioners, could be without lodgings.

The other common lodging house is only small and also in an area for clearance and re-development.

The arrangements at the Seamen’s Lodging House in Riby Square were altered during the year, which enabled seafarers to retain the same bedroom on a weekly rental basis.

Houses Let in Lodgings.—The Town Council approved standards to be applied to these premises in accordance with the Housing Repairs and Rents Act. There are many such houses in the town which demand attention.

Conditions at such a house in the West Marsh were :—

Ground floor

Front room occupied by 1 man	..	..	..	rent	16/-
Middle room occupied by 1 man	..	..	..	rent	16/-
Back room and scullery occupied by 1 man			..	rent	22/-

First floor

Front room occupied by mother and baby	..	..	rent	30/-
Middle bedroom occupied by one man	..	..	rent	16/-
Back bedroom occupied by one man	..	..	rent	16/-

Total weekly rental £5/16/-d.

Water supply — from a common stand pipe in the back yard.

Common water closet in the back yard.

Cooking arrangements — gas ring in each room.

Rooms were without ventilated food stores.

Tenants were without facilities for personal cleansing and washing of clothes. Without hot water supply.

The rent paid was for a partly furnished room and included cost of gas and electricity used.

Improvement Grants.—All the 56 applications for improvement grants came from owner/occupiers. Surveys were made by the Chief Public Health Inspector and the House Letting Sub-Committee considered his reports, and with few exceptions agreed in principle to make grants on submission of approved schemes. Many applicants then did not proceed further — the main reason given was that half the approved cost of the improvements plus the full cost of repairs amounted to more than they could afford.

House Purchase.—121 houses were surveyed by the Chief Public Health Inspector in connection with applications for mortgages under Section 4 of the Housing Act 1949. 14 houses were also surveyed in connection with applications for guarantees under Section 5 of the Housing Act 1949.

14 houses were surveyed for possible purchase by the Corporation.

Certificates of Disrepair.—118 applications were received and after inspection of the houses not one was refused.

33 undertakings were received and accepted, and 17 certificates of Disrepair were revoked.

PART VI.

INSPECTION AND SUPERVISION OF FOOD

Meat inspection

Milk supply

Food hygiene

Food premises

Food and drug sampling

VI.—INSPECTION AND SUPERVISION OF FOODS

Mr. Harold Parkinson, Chief Public Health Inspector, is responsible for this section of the work :—

Inspections.

Bakehouses	26	Confectioners shops ..	19
Dairies and milk vendors ..	11	Fish curers	20
Fish shops	6	Food preparers	40
Fried fish shops	93	Greengrocers	39
Grocers	153	Ice cream makers and vendors	75
Markets	391	Meat shops and stores ..	179
Restaurants and cafes ..	42	Slaughterhouses	1,408
Sweet shops	12	Other matters	145

Slaughterhouses.—The Town Council refused to renew a licence for a private slaughterhouse in Albion Street and the applicant appealed against the decision, but the magistrates dismissed the appeal. The same licence holder was fined £20 for breaches of the Slaughterhouse Byelaws.

There were 3 private slaughterhouses licensed and in use at the end of 1957. Negotiations between the Ministry of Works and the Town Council about the possible purchase of the Government abattoir in Cromwell Road were revived intermittently during the year — neither party apparently shewing great enthusiasm for a change in ownership. The abattoir is more than adequate for all the slaughtering needs of Grimsby and district ; at no time was it used to capacity.

Carcases and offals inspected and condemned in whole or in part :—

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed	4,825	416	399	10,349	17,090	—
Number inspected	4,825	416	399	10,349	17,090	—
<i>All diseases except Tuberculosis and Cysticerci.</i>						
Whole carcasses condemned	3	9	10	20	37	—
Carcases of which some part or organ was condemned	1,768	198	5	333	6,459	—
Percentage of the number in- spected affected with dis- ease other than tuber- culosis and cysticerci ...	36.70	49.76	3.76	3.41	38.01	—
<i>Tuberculosis only</i>						
Whole carcasses condemned	18	9	—	1	7	—
Carcases of which some part or organ was con- demned.	448	108	—	—	1,430	—
Percentage of the number inspected affected with tuberculosis	9.66	28.12	—	.009	8.41	—
<i>Cysticercosis</i>						
Carcases of which some part or organ was condemned	32	1	—	—	—	—
Carcases submitted to treat- ment by refrigeration	32	1	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

Cysticercus Bovis.—Routine inspections continued and 33 infestations of offals were found, and the carcasses were allowed to be treated by the freezing process before being sold for human food.

One Grimsby butcher failed to keep the agreement about depositing the infested meat in an approved cold store. He removed and sold the carcase before treatment. Proceedings were taken against him under the Food and Drugs Act and the magistrates fined him £25 and costs. He appealed to the High Court and the Lord Chief Justice dismissed the appeal and awarded costs to the Corporation.

Diseases and conditions found during meat inspection included :—

Abscesses, actinomycosis, actinobacillosis, arthritis, atrophy, bruising, cirrhosis, cysts, cysticercus bovis, endocarditis, emphysema, emaciation, enteritis, erysipelas, fascioliasis, fevered, gangrene, haematoma, hepatitis, hydronephrosis, immaturity, infarcts, injury, jaundice, Johnes disease, leukaemia, mastitis, metritis, necrosis, nephritis, oedema, parasites, pericarditis, peritonitis, petechii, pleurisy, pneumonia, pyaemia, septicaemia, telangiectasis, tuberculosis.

Weight of meat condemned — 53 tons, 10 cwts, 99 lbs. (5 tons less than for 1956).

In addition 237 lbs. of imported meat with “ bone taint ” were condemned at the abattoir.

Unsound Foods included:—

	tons	cwts.	qrs.	lbs.
Meat condemned at abattoir and private slaughterhouses	53	13	—	—
9,292 cans of various food	7	11	3	19
320 jars of various food				
612 packets of various food				
21 bottles and flavourings etc.				
13 puddings				
Meat, bacon, ham		3	3	25
Cheese		6	2	16
Fats			1	14
Fruit			1	18
Confectionery		2	1	—
Other foods				9
Total weight	61	18	2	17

Disposal of Unsound Meat etc.—By arrangement with the contractors at the abattoir and the licence holders of the private slaughterhouses, diseased meat, after being dyed green, was removed from these premises by a Grimsby firm for processing at their meal plant at Killingholme.

Livers affected with distomatosis only were kept separate on condemnation and later removed for processing for pharmaceutical purposes by the same firm which had the contract with the Ministry of Food.

A very small amount of these livers was supplied for feeding at a mink farm after discolouration with green dye.

As the Corporation had not an incinerator, unsound tinned goods were buried in the Corporation tip.

Horse Flesh.—Horse flesh for human consumption was not sold in Grimsby.

Milk Supply.—All the milk dealers in the town were licensed for the sale of heat treated milk. Only one, a producer/retailer from the adjoining rural district, also sold raw milk (T.T.).

Wholesalers of milk	4
Retail purveyors of milk (including 7 with premises in Grimsby, 5 from outside the district and 378 bottled milk vendors)	390
Licensed pasteurisers of milk (high temperature short time)	3
Licences to use designation Tuberculin Tested (Pasteurised) milk	16
Licences to produce Sterilised milk	3
Licences to sell Sterilised milk	376
Licence to sell Tuberculin Tested milk	1

The results of the samples taken from every separate source of supply are summarised as follows :—

Tuberculin Tested (Pasteurised) Milk.—33 samples passed the prescribed tests. Two samples contained non-faecal B. Coli.

Pasteurised Milk.—Of the 50 samples examined all passed the methylene blue test and phosphatase test. Four samples contained non-faecal B. Coli.

Sterilised Milk.—38 samples were all satisfactory.

Ice Cream.—

Premises registered for making of ice cream	7
Premises registered for sale of ice cream	422

Of the 16 samples submitted for bacteriological examination all but 2 were satisfactory. The two unsatisfactory samples came from local makers.

One itinerant vendor was fined 10/- for failing to have a supply of hot water on a tricycle used for the sale of ice cream one Sunday morning.

Two samples of iced lollies were found to be free from food poisoning organisms.

Food Hygiene.—Unfortunately activities in this important branch of public health work had to be curtailed most unwillingly because of lack of qualified staff. Despair sets in when it is so obvious how much has still to be attempted and achieved in food hygiene, particularly as there appears to be little prospect of bringing the staff of inspectors up to full establishment to enforce the existing Food Hygiene Regulations and equally important, to educate both food handlers and the general public in the need and practice of hygiene — (experience has proved this to be very slow — and a constantly repetitive process).

Foreign bodies found in food included a dead mouse in a bag of flour supplied by a Grimsby firm to a householder in the rural district. Full investigations were made and proofs of evidence prepared, but the Lindsey County Council decided not to institute court proceedings.

A nail was found in a tin of English gooseberries.

An arrangement with the Borough Engineer continued to serve a useful purpose when plans of new and alterations to food preparing premises and food shops were submitted for scrutiny. Traders were informed of the requirements of the Food Hygiene Regulations and they were able to make the necessary arrangements before building began.

Court proceedings taken for breaches of the Food Hygiene Regulations resulted in a butcher being fined £15 and costs for unsatisfactory food preparing premises.

Markets.—Two sites in the town with all the hygienic shortcomings of open markets (Freeman Street and Old Market) continued to be used for the sale of food of all types.

Food Premises.—This summary includes food preparing premises, and at 31.12.1957 the numbers were :—

Bakehouses 67, butchers shops 125, cafes, restaurants and snack bars 63, bread and cake shops 65, dairies 12, fried fish shops 88, fish cake making premises 18, fish curing houses 23, greengrocers shops 141, grocers and general shops 380, ice cream factories 6, ice cream shops 296, jam and preserves factory 1, mineral water works 6, pickle works 2, potato crisp factories 2, poultry dressing places 3, sausage making premises 68, shell fish preparation premises 4, sweet factories 5, tripe dressing premises 2, wet fish shops 21, wholesale grocery depots 17.

Fish Inspection.—Following special inspections export certificates were issued for 100 consignments, totalling 8,721 bales and cases of salted fish for despatch overseas to — Bissau, Catania, Faial, Funchal, Genoa, Habana, Luanda, Madeira, Mormugao, Naples, Rio de Janeiro, S. Miguel, Trinidad and Volo.

Food poisoning.—The largest outbreak, in which 14 persons were involved, occurred in the first quarter at the same Grimsby hospital as in 1956, the causal organisms, *Staphylococci Aureus*, were the same and tests of nasal swabs from four kitchen workers gave positive results.

There were two family outbreaks involving 7 persons and 3 single cases in the third quarter of the year — *Salmonella* were the infecting organisms. Extensive enquiries were made, but it was not possible to trace the origin of the infection. No case proved fatal.

Samples of Food and Drugs.—183 samples (7 formal and 176 informal) were taken.

Milk samples — 130

The Public Analyst reported that :—

23 samples contained less than the statutory 8.5% of non-fatty solids, but Hortvet Tests proved them to be normal milk. The solids not fat content varied from 8.06% to 8.47%.

4 samples contained added water (6.4%, 3.7%, 3.3%, 3.3%).

5 samples were deficient in fat (8.6%, 9.3%, 8.7%, and 12% and one with a slight deficiency)

3 samples were deficient in both fat and non-fatty solids.

(2.89% fat and 7.42% non fatty solids)

(2.95% fat and 8.29% non fatty solids)

(2.90% fat and 8.30% non fatty solids)

All the unsatisfactory milk came from the Lindsey County Council area. One Caistor farmer was fined £40 and £12 4s. 10d. costs for sending milk into Grimsby containing added water. The " appeal to cow " samples were genuine. He had been fined in 1956 for a similar offence.

Other unsatisfactory samples included :—

Potted beef (formal) — contained 41.4% meat plus 58.6% of excess water and cereal filler.

Court proceedings ensued and the maker/retailer was fined £20 which included costs of £2 2s. 0d., for Public Analyst's fee.

Potted meat (formal) — contained 69.3% of meat and 30.7% water and cereal filler. Should have been described as " Potted Meat Paste ". Council decided to warn vendor.

Pork sausage (formal) — contained 60.6% meat. Analyst was of opinion that 65% meat should be in sausages.

Pork sausage (informal) — 61.2% meat. Analyst was of the opinion that sausages were deficient in meat to extent of 5.8%.

Chinchards — Unfit for human food. Vendor prosecuted and fined £5.
 Dried milk — Sampled from supplies purchased for use in school canteens after there had been complaints that curdling occurred when used in making custard.

The analyst reported that it was somewhat high in acidity (2.6%).

Samples were submitted for bacteriological examination and tests indicated moderate growths of *B. Mycoides* and *Streptococcus Faecalis* var : *Zymogenes* — The counts did not exceed 100 colonies per gramme.

Instructions were given to the School Meal Organizer about heat treatment.

The satisfactory samples included :—

Chicken cutlets 1, Christmas pudding 2, dried milk (skimmed) 4, dried milk (full cream) 3, dried whole egg 1, English sage (rubbed) 1, fish cakes 4, fish fingers 1, ground ginger 1, ground rice 1, ice cream 12, lard (pure) 1, malt vinegar 1, marzipan 1, milk 118, orange squash 1, pork dripping 1, pork sausages 5, potted meat 1, seedless raisins 1, shredded beef suet 1, tinned tomatoes 1, white pepper 2.

Public Health Preservatives Etc., in Food Regulations.—No breach of the regulations was reported by the Public Analyst.

Chemical Analyses.—The Public Analyst, Mr. Hugh Childs, B.Sc., F.R.I.C., undertook the chemical analysis of samples submitted under the Food and Drugs Act and Fertilisers and Feeding Stuffs Act.

Bacteriological, Histological and Biological.—Examinations continued to be undertaken in the Department of Pathology, Grimsby General Hospital.

Fertilisers and Feeding Stuffs Acts.—6 samples (4 feeding stuffs and 2 fertilisers) were taken and 4 were satisfactory. It was necessary to issue warnings about :—

Pure fish meal — deficient in oil.

White fish meal — deficient in oil and contained excess of Phosphoric Acid.

PART VII.

ADDITIONAL INFORMATION.

Incidence of blindness

Epileptics and spastics

Health education

Medical examinations

Blood donors

Laboratory facilities

Grimsby Crematorium

NATIONAL ASSISTANCE ACTS : INCIDENCE OF BLINDNESS

At the end of 1957 the total number of blind persons in the borough was 165 (males 81 and females 84).

Thirteen Forms B.D.8 were received during the year. As a result of examinations carried out by the ophthalmic surgeons 8 persons were certified as blind and 5 as partially sighted.

No cases of retrolental fibroplasia were reported.

Follow-up of Registered Blind and Partially Sighted persons.

(i) Number of cases registered during the year in respect of which Form B.D.8 recommends:—	Cause of disability			
	Cataract	Glaucoma	Retrolental fibroplasia	Others
(a) No treatment ...	4	—	—	3
(b) Treatment (medical surgical or optical)	2	1	—	3
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment ...	2	1	—	3

Ophthalmia neonatorum.

(i) Total number of cases notified during the year ...	1
(ii) Number of cases in which:—	
(a) Vision lost ...	—
(b) Vision impaired ...	—
(c) Treatment continuing at end of year ...	—

EPILEPTICS AND SPASTICS

From such information as is available the incidence of epilepsy and cerebral palsy in Grimsby is as follows:—

Epileptics

		Under 5	5-15	16 and over	Total Number
At ordinary school ...	Males	—	4	—	4
	Females	—	5	—	5
At special school ...	Males	—	—	—	—
	Females	—	—	—	—
At occupation centre ...	Males	—	1	—	1
	Females	—	1	1	2
*In employment ...	Males	—	—	20	20
	Females	—	—	4	4
At home ...	Males	—	—	15	15
	Females	3	2	—	5
TOTAL ...		3	13	40	56

Spastics

		<i>Under 5</i>	<i>5-15</i>	<i>16 and over</i>	<i>Total number</i>
At ordinary school ...	Males	—	2	—	2
	Females	—	1	—	1
At special school ...	Males	—	2	1	3
	Females	—	—	—	—
At occupation centre ...	Males	—	1	—	1
	Females	—	5	1	6
*In employment ...	Males	—	—	3	3
	Females	—	—	—	—
At home ...	Males	1	1	6	8
	Females	—	3	2	5
TOTAL ...		1	15	13	29

* Per Disablement Resettlement Officer, local office of Ministry of Labour.

HEALTH EDUCATION

The local health authority continues to subscribe to the Central Council for Health Education and to make good use of the publicity material available from them.

Through the good offices of the editor a panel in the local evening newspaper is placed at the disposal of the health department in which contributions of general interest appear every three weeks under the title of Your Health Service.

The journal *Better Health* is received monthly and 300 copies are distributed through the various welfare centres and clinics. Posters from the Royal Society for the Prevention of Accidents are displayed in clinics and the health visitors take every opportunity to educate mothers on the prevention of accidents in the home, distributing booklets on this subject. Class teaching is also carried out at clinics with the aid of demonstration and film strips.

The health visitors, in conjunction with the domestic science teachers, run combined courses in schools on health and adolescent development alongside the mothercraft classes. A number of girls entered for the examination of the National Association for Maternal and Child Welfare and were successful in obtaining certificates, one passing with distinction. The senior girls were conducted round the welfare clinics and seemed to enjoy these visits.

On the 6th February, 1957, the Central Council for Health Education, as part of its in-service staff training scheme for local health authorities, held a one-day course in Grimsby on "The Education and Care of Women in Child-birth", the lecturers being Dr. and Mrs. Grantly Dick Read. In addition to members of the health department, invitations to attend were issued to the staffs of neighbouring authorities and the local hospitals, as well as to the general medical practitioners. Although the attendance was a little disappointing, the keenness displayed by those present combined with the personalities of the lecturers made this a most successful day.

A total of 25 lectures and talks were given to organisations in the borough on various aspects of public health, 18 by the medical officer of health, 3 by the chief public health inspector and 4 by the health visitors. Attendances at these meetings totalled 822. Details are set out below :—

	<i>Medical Officer of Health</i>	<i>Attendance</i>
10.1.57.	Churchill Branch, Women's Conservative Ass'n.	30
16.1.57.	Bradley Cross Roads Women's Co-operative Guild	25
23.1.57.	St. Columba's Men's Association	15
1.2.57.	Welholme Men's Association	30
7.2.57.	St. Michael's Church Women's Fellowship ..	25
4.3.57.	Women's Gas Federation	60
13.3.57.	New Clee Women's Co-operative Guild	40
19.3.57.	St. Martin's Church Young Mother's Group ..	30
4.4.57.	Alexandra Evening Townswomen's Guild, Cleethorpes	40
11.6.57.	Alexandra Townswomen's Guild, Cleethorpes ..	25
4.7.57.	South Parade Parents' Association	20
8.10.57.	Welholme Men's Association	40
30.10.57.	Welholme Evening Methodist Guild	40
7.11.57.	(Afternoon) Grimsby Conservative Get-Together	35
7.11.57.	(Evening) St. Mark's Church Men's Group ..	12
21.11.57.	Grimsby Baptist Tabernacle Sisterhood ..	40
29.11.57.	(Afternoon) Lord Street Methodist Women's Guild	40
29.11.57.	(Evening) St. Michael's Church Women's Fellowship	20
<i>Chief Public Health Inspector</i>		
1.2.57.	British Legion—Women's Branch	65
22.3.57.	Park Congregational (Mixed) Guild	36
9.4.57.	Alexandra Townswomen's Guild, Cleethorpes ..	36
<i>Health Visitors</i>		
30.1.57.	Bradley Church Mother's Union	36
19.3.57.	St. James' Church Young Wives Group	30
26.6.57.	Salvation Army Women's League	20
10.9.57.	Central Co-operative Women's Guild	32

Smoking and Lung Cancer.—Ministry of Health Circular 7/57 was reported at length to the Health Committee with the press present, the resultant debate being given front page publicity. Subsequently, a special article was written in *Your Health Service* giving the statistical evidence in simple language.

Special window displays were arranged in the central office for the distribution of welfare foods and appropriate posters and literature placed in all the local health authority clinics.

Although no organisation elected to have a talk on cancer in any form, invariably a question was asked afterwards on the risk of smoking and the medical officer of health was given ample opportunity to enlighten the audience on the facts as published by the Medical Research Council.

It is felt, however, that most smoking addicts prefer to adhere to the subtle doubts as emphasised by the propaganda of the tobacco firms. In the absence of a more direct lead from the Ministry of Health it is unlikely that much progress will be made in persuading the smoking public to abandon this dangerous habit. Likewise, any propaganda directed towards the school leavers is counteracted by the example of the adults with whom they come in contact.

MEDICAL EXAMINATIONS

Medical examinations for superannuation purposes were carried out on 100 employees during the year, 86 by medical staff of the department and 14 by requests to other local authorities. Of these five were found unfit for entry into the superannuation scheme.

Thirty-two candidates for admission to training colleges were also examined by the medical staff. Examinations for entry into the teaching profession numbered 40, four of these by requests to other authorities. All but one candidate, who was found not to be fit for entry into the profession, received x-ray examination of the chest before appointment.

During the year 66 persons were examined for employment in the School Meals Service of the local education authority. This examination, which includes tests for carrier conditions, is a valuable protection against the risk of food poisoning and fully justifies the time and trouble taken. Two of the candidates were found to be unfit for such employment.

One recruit fireman was also examined by the medical staff in accordance with the provisions of the Fire Services (Appointments and Promotions) Regulations, 1950.

The above represents a total of 239 medical examinations during the year, 221 of which were performed by medical staff of the department.

The Medical Officer of Health also investigated and made special reports on 12 employees who had been absent from duty for a period of three months and over.

As recommended in Ministry of Health Circular 64/50—Protection of Children from Tuberculosis—50 employees of the local authority whose work brings them into contact with young children were referred for X-ray examination of the chest.

Nine new entrants to the staff of the Grimsby, Cleethorpes and District Water Board were examined in accordance with paragraph 5 of Ministry of Health Memorandum 221, dated January, 1939, and found to be fit for employment in a water undertaking.

BLOOD DONORS

The Sheffield Regional Transfusion Team is offered the use of the local authority's clinics to hold taking sessions, the Watkin Street Clinic being placed at their disposal on 11 occasions during the year.

LABORATORY FACILITIES

A total of 1,640 specimens were submitted by the health department for examination in the laboratory at the Grimsby General Hospital.

GRIMSBY CREMATORIUM

The Medical Officer of Health acts as the Medical Referee to the Grimsby Crematorium. The number of cremations which have taken place since the building was opened on the 5th August, 1954, is :—

<i>Year</i>	<i>Grimsby residents</i>	<i>Residents from other areas</i>	<i>Total</i>
1954	61	84	145
1955	205	311	516
1956	264	372	636
1957	323	462	785

PART VIII.

STATISTICAL TABLES.

Table 1.—Vital Statistics of the whole Borough during 1957 and previous Years.

YEAR	Total Population estimated to middle of each year	Births			Total Deaths Registered in the District		Transferable Deaths		Nett Deaths belonging to the District				
		Un-corrected Number	Nett		Number	Rate	of Non-registered in the District	of Residents not registered in the District	Under 1 Year of Age		At all Ages		
			Number	Rate					Number	Rate per 1,000 Net Births	Number	Rate	
1	2	3	4	5	6	7	8	9	10	11	12	13	
1940	82,560	1501	1558	18.8	1250	15.1	168	55	80	52	1137	13.7	
1941	78,680	1398	1403	17.8	1195	15.1	148	61	80	57	1108	14.0	
1942	76,800	1500	1506	19.6	1076	14.0	124	58	84	56	1010	13.1	
1943	76,460	1529	1539	20.1	1246	16.2	154	52	83	54	1144	14.9	
1944	76,150	1745	1752	23.0	1062	13.9	110	49	94	54	1001	13.1	
1945	78,030	1714	1686	21.6	1111	14.2	122	47	80	47	1036	13.2	
1946	86,340	2121	2118	24.5	1120	12.9	133	41	71	34	1028	11.9	
1947	89,190	2154	2183	24.4	1235	13.8	113	53	97	44	1175	13.1	
1948	91,060	1892	1911	20.9	1073	11.7	118	36	55	29	991	10.8	
1949	91,250	1830	1872	20.5	1282	14.0	203	46	63	34	1125	13.0	
1950	93,240	1688	1702	18.2	1222	13.1	224	54	51	29.9	1052	11.9	
1951	93,250	1655	1751	18.7	1276	13.6	215	66	60	34.2	1127	12.0	
1952	93,200	1591	1693	18.1	1150	12.3	195	85	58	34.2	1040	11.1	
1953	93,300	1517	1647	17.6	1176	12.6	207	53	55	33.3	1022	10.9	
1954	93,670	1606	1700	18.1	1271	13.5	247	63	42	24.7	1087	11.6	
1955	94,560	1639	1755	18.5	1186	12.5	204	84	49	27.9	1066	11.2	
1956	95,400	1673	1791	18.7	1236	12.9	246	73	69	38.5	1063	11.1	
1957	96,050	1710	1846	19.2	1254	13.0	247	65	35	18.9	1072	11.1	

Acreage (land and inland water)	...	5,468	Population	...	...	94,557	At Census
Persons per acre	...	17.3	Private households	...	...	27,103	of 1951
			Structurally separate dwellings occupied	...	...	25,571	

Table 2.—England and Wales and Grimsby, 1940–1957.

Birth Rates.

Year	Number of Births	Grimsby		England and Wales Birth Rate
		Birth Rate	Adjusted Birth Rate	
1940	1558	18·8	—	14·6
1941	1403	17·8	—	14·2
1942	1506	19·6	—	15·8
1943	1539	20·1	—	16·5
1944	1752	23·0	—	17·7
1945	1686	21·6	—	16·1
1946	2118	24·5	—	19·1
1947	2183	24·4	—	20·5
1948	1911	20·9	—	17·9
1949	1872	20·5	—	16·7
1950	1702	18·2	18·9	15·8
1951	1751	18·7	19·1	15·5
1952	1693	18·1	18·7	15·3
1953	1647	17·6	18·1	15·5
1954	1700	18·1	18·3	15·2
1955	1755	18·5	18·7	15·0
1956	1791	18·7	18·9	15·7
1957	1846	19·2	19·2	16·1

Table 3. England and Wales and Grimsby, 1940–1957.

Death Rates.

Year	Nett Deaths	Grimsby		England and Wales Death Rate
		Death Rate	Adjusted Death Rate	
1940	1137	13·7	14·4	14·3
1941	1108	14·0	*	12·9
1942	1010	13·1	*	11·6
1943	1144	14·9	*	12·1
1944	1001	13·1	*	11·6
1945	1036	13·2	*	11·4
1946	1028	11·9	*	11·5
1947	1175	13·1	*	12·0
1948	991	10·8	*	10·8
1949	1125	12·3	13·0	11·7
1950	1052	11·2	11·9	11·6
1951	1127	12·0	12·6	12·5
1952	1040	11·1	11·7	11·3
1953	1022	10·9	11·4	11·4
1954	1087	11·6	12·1	11·3
1955	1066	11·2	11·8	11·7
1956	1063	11·1	12·6	11·7
1957	1072	11·1	12·6	11·5

* Area comparability factor suspended by Registrar General

Table 4.—Cases of Infectious Diseases notified during the year 1957

NOTIFIABLE DISEASE.	Number of Cases notified.											Total Cases notified in each Ward of the Borough.																
	At all ages.	Ages (in years).											Alexandra	Clee	Hainton	Humber	Littlefield	Little Coates	Nunsthorpe	Scartho	South	South-West	Victoria	Wellington	Weelsby	Wellow	Total cases removed to Hospital	
		Under 1.	1 to 2	2 to 3	3 to 4.	4 to 5	5 to 10.	10 to 15	15 to 20.	20 to 35.	35 to 45.	45 to 65.																65 up.
Scarlet fever	77	—	1	8	6	7	43	9	—	2	1	—	—	2	9	3	4	6	12	1	9	3	3	8	6	8	4	7
Measles	2597	74	290	357	350	413	1081	18	2	9	2	1	—	168	150	104	143	173	86	528	77	412	161	203	116	149	8	4
Whooping Cough	168	13	18	24	18	20	75	—	—	2	—	—	—	21	3	9	2	14	14	27	4	27	3	7	4	13	7	6
Acute pneumonia	37	2	1	—	1	—	4	1	2	6	4	12	4	4	2	1	5	3	1	5	3	4	2	1	—	5	17	17
Meningococcal Infection	2	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	2	2
Acute Poliomyelitis:	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paralytic	9	1	1	—	1	1	2	1	—	2	—	—	—	1	—	—	1	1	3	—	2	—	—	—	—	—	9	9
Acute Encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Infective	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	12	2	1	20	2	18	1	7	1	9	1	4
Dysentery	92	2	13	9	7	3	16	15	4	8	8	5	2	5	4	1	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia neonatorum	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—
Puerperal pyrexia	6	—	—	—	—	—	—	—	—	6	—	—	—	—	—	—	—	1	3	—	2	—	—	—	—	—	3	3
Erysipelas	6	—	—	—	1	—	—	—	—	—	1	4	—	1	—	2	—	—	—	—	1	—	—	—	—	2	1	1
Chicken pox	551	28	35	36	53	50	301	29	610	3	—	—	—	63	8	48	31	56	15	86	16	77	29	41	38	19	24	3
Food poisoning	23	—	1	1	—	1	2	—	2	5	6	5	—	3	—	—	—	—	—	3	14	—	1	2	—	—	2	2
Acute Rheumatism	7	—	—	—	—	—	1	5	1	—	—	—	—	—	—	1	—	—	—	1	—	—	1	—	1	2	4	4
Totals	3577	121	361	435	438	495	1525	78	1748	25	28	6268	—	176	169	198	253	125	688	118	525	182	220	269	147	212	63	63

Table 5.—Causes of and Ages at Death during the Year 1957

Causes of Death.				Nett Deaths at the Subjoined ages of " Residents " whether occurring within or without the District.											Total Deaths whether of "Residents" or " Non-Residents" in Institutions in the District	
				All Ages			Under 1 year	1 and under 2.	2 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and under 75.		75 and upw'ds
				Total	Males	Females										
All Causes	Certified	...	1071	555	516	35	3	7	3	10	38	246	298	431	606	
	Uncertified	...	1	1	...	...	...	...	...	...	...	...	1	...	...
Tuberculosis, respiratory	...	...	11	9	2	...	...	...	...	...	1	6	2	2	14
Tuberculosis, other forms	...	...	1	...	1	...	...	...	...	...	1	...	...	...	...
Syphilitic disease	...	...	8	3	5	...	...	...	...	...	...	2	6	...	...
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping cough	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Meningococcal infections	...	...	1	1	...	...	...	1	...	...	...	...	...	...	1
Acute poliomyelitis	...	...	1	1	...	...	...	...	...	...	1	...	...	...	...
Measles	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other infective and parasitic diseases	...	...	2	2	...	...	...	1	...	...	...	1	...	...	2
Malignant neoplasm, stomach	...	...	25	17	8	...	...	...	...	...	1	12	7	5	15
Malignant neoplasm, lung, bronchus	...	...	44	39	5	...	...	...	...	...	...	26	16	2	28
Malignant neoplasm, breast	...	...	17	...	17	...	...	...	...	...	...	10	5	2	7
Malignant neoplasm, uterus	...	...	26	...	26	...	...	...	...	...	2	11	7	6	8
Other malignant and lymphatic neoplasms	...	...	103	55	48	...	...	1	1	...	2	29	34	36	65
Leukaemia, aleukaemia	...	...	1	1	...	...	...	...	...	...	...	...	...	1	1
Diabetes	...	...	10	1	9	...	...	...	...	...	1	2	2	5	8
Vascular lesions of nervous system	...	...	125	52	73	...	...	...	...	1	...	20	44	60	73
Coronary disease, angina	...	...	145	97	48	...	...	...	...	...	1	39	49	56	53
Hypertension with heart disease	...	...	40	19	21	...	...	...	...	...	1	6	12	21	26
Other heart disease	...	...	179	88	91	...	...	...	...	...	7	22	47	103	57
Other circulatory disease	...	...	25	9	16	...	...	...	...	...	3	4	7	11	19
Influenza	...	...	17	9	8	...	...	2	...	1	2	10	1	1	5
Pneumonia	...	...	60	27	33	5	...	...	...	2	1	7	18	27	74
Bronchitis	...	...	19	12	7	1	...	...	...	...	...	8	5	5	3
Other diseases of respiratory system	...	...	27	13	14	1	1	...	...	...	1	2	8	14	11
Ulcer of stomach and duodenum	...	...	11	7	4	...	...	...	...	...	...	1	6	4	9
Gastritis, enteritis and diarrhoea	...	...	2	1	1	1	...	...	...	...	...	...	...	1	3
Nephritis and nephrosis	...	...	14	7	7	...	...	...	...	...	...	2	7	5	6
Hyperplasia of prostate	...	...	8	8	...	...	...	...	...	...	...	...	3	5	5
Pregnancy, childbirth, abortion	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Congenital malformations	...	...	10	5	5	7	1	...	...	...	1	...	1	...	7
Other defined and ill-defined diseases	...	...	97	43	54	19	...	1	2	1	3	15	6	50	75
Motor vehicle accidents	...	...	9	9	...	...	...	1	...	4	1	1	2	...	9
All other accidents	...	...	19	11	8	1	1	...	...	...	4	3	3	7	16
Suicide	...	...	14	9	5	...	...	...	...	...	4	7	1	2	5
Homicide and operations of war	...	...	1	1	...	...	...	...	1	...	...	...	...	...	1
TOTALS	...	...	1072	556	516	35	3	7	3	10	38	246	299	431	606

Table 6.—Infantile Mortality during the year 1957.

Nett Deaths from stated Causes at various Ages under 1 Year of Age.

CAUSES OF DEATH				Under 1 week.	1—2 weeks.	2—3 weeks.	3—4 weeks.	Total under 4 weeks.	1—3 months.	3—6 months.	6—9 months.	9—12 months.	Total Deaths under 1 Year.
All Causes	Certified ...	...	...	22	—	—	—	22	7	5	—	1	35
	Uncertified ...	...	...	—	—	—	—	—	—	—	—	—	—
Measles	...	...	...	—	1	—	—	—	—	—	—	—	—
Whooping Cough	...	...	...	—	—	—	—	—	—	—	—	—	—
Diphtheria	...	...	...	—	—	—	—	—	—	—	—	—	—
Influenza	...	...	...	—	—	—	—	—	—	—	—	—	—
Tuberculosis of Nervous System	...	...	...	—	—	—	—	—	—	—	—	—	—
Tuberculosis of Intestines and Peritoneum	...	...	...	—	—	—	—	—	—	—	—	—	—
Other Tuberculous Diseases	...	...	...	—	—	—	—	—	—	—	—	—	—
Syphilis	...	...	...	—	—	—	—	—	—	—	—	—	—
Meningitis	...	...	...	—	—	—	—	—	—	—	—	—	—
Convulsions	...	...	...	—	—	—	—	—	—	—	—	—	—
Bronchitis	...	...	...	—	—	—	—	—	1	—	—	—	1
Pneumonia	...	...	...	1	—	—	—	1	2	2	—	1	6
Other Respiratory Diseases	...	...	...	—	—	—	—	—	1	1	—	—	2
Inflammation of the Stomach	...	...	...	—	—	—	—	—	—	—	—	—	—
Diarrhoea and Enteritis	...	...	...	—	—	—	—	—	1	—	—	—	1
Hernia, Intestinal Obstruction	...	...	...	—	—	—	—	—	—	—	—	—	—
Congenital Malformations	...	...	...	4	—	—	—	4	1	—	—	—	5
Congenital Debility and Sclerema	...	...	...	—	—	—	—	—	—	—	—	—	—
Icterus	...	...	...	—	—	—	—	—	—	—	—	—	—
Premature Birth	...	...	...	14	—	—	—	14	—	—	—	—	14
Injury at Birth	...	...	...	—	—	—	—	—	—	—	—	—	—
Disease of umbilicus	...	...	...	—	—	—	—	—	—	—	—	—	—
Atelectasis	...	...	...	2	—	—	—	2	1	—	—	—	3
Suffocation—in bed or not stated how	...	...	...	—	—	—	—	—	—	1	—	—	1
Other Causes	...	...	...	1	—	—	—	1	1	—	—	—	2
Totals	...	...	...	22	—	—	—	22	7	5	—	1	35

Live Births in the year—

	Males	Females	Total
Legitimate ...	939	808	1,747
Illegitimate	56	43	99
Totals	995	851	1,846

Nett Deaths in the year—

	Males	Females	Total
...	17	14	31
...	2	2	4
Totals	19	16	35

TABLE 7—GRIMSBY, 1957.
TUBERCULOSIS—Age Groups of New Cases and Deaths.

Age Periods.	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year ...	—	—	—	1	—	—	—	—
1—2 years ...	—	—	1	—	—	—	—	—
2—5 years ...	2	1	—	—	—	—	—	—
5—10 years ...	1	2	1	1	—	—	—	—
10—15 years ...	1	1	1	—	—	—	—	—
15—20 years ...	4	11	1	1	—	—	—	—
20—25 years ...	4	4	—	3	—	—	—	—
25—35 years ...	2	14	2	5	—	—	—	1
35—45 years ...	2	4	2	2	2	—	—	—
45—55 years ...	9	4	—	1	2	1	—	—
55—65 years ...	7	1	—	—	2	1	—	—
65—75 years ...	4	—	—	—	2	—	—	—
75 and upwards	2	—	—	—	1	—	—	—
Totals ...	38	42	8	14	9	2	—	1

TABLE 8—GRIMSBY, 1957.
TUBERCULOSIS—Ward Distribution of New Cases and Inward Transfers.

Primary notifications.	WARDS.														
	Alexandra	Clee	Hainton	Humber	Littlefield	Little Coates	Nunsthorpe	Scartho	South	South-West	Victoria	Weelsby	Wellow	Wellington	Totals
<i>Pulmonary</i> :—															
Males ...	1	—	4	5	3	2	1	2	2	3	7	2	1	5	38
Females ...	7	3	3	4	3	2	3	3	—	5	3	2	2	2	42
<i>Non-Pulmonary</i> —															
Males ...	—	1	1	—	—	1	—	—	2	—	2	—	—	1	8
Females ...	—	1	3	1	1	—	1	1	3	—	3	—	—	—	14
Total ...	8	5	11	10	7	5	5	6	7	8	15	4	3	8	102
<i>Inward Transfers.</i>															
<i>Pulmonary</i> —															
Males ...	—	2	—	—	1	—	—	—	—	1	2	—	—	—	6
Females ...	—	—	—	—	1	1	1	—	1	1	—	—	—	1	6
<i>Non-Pulmonary</i> —															
Males ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Females ...	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Total ...	—	2	—	—	2	1	1	—	1	2	2	—	—	2	13
Grand Total ...	8	7	11	10	9	6	6	6	8	10	17	4	3	10	115

Table 9—Grimsby 1957.**Tuberculosis.—Notifications and Deaths.**

Years	Notifications			Deaths		
	Pul-monary	Non-Pul-monary	Total	Pul-monary	Non-Pul-monary	Total
1948	105	23	128	61	7	68
1949	111	19	130	44	4	48
1950	86	12	98	29	2	31
1951	126	23	149	48	7	55
1952	124	24	148	29	3	32
1953	92	14	106	24	2	26
1954	87	20	107	21	1	22
1955	64	11	75	16	2	18
1956	78	15	93	18	1	19
1957	80	22	102	11	1	12

Table 10—England and Wales and Grimsby, 1948—1957

Total Tuberculosis death rates in each year of the Decennium.

	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957
England and Wales	0·50	0·45	0·38	0·31	0·23	0·19	0·17	0·14	0·11	0·10
Grimsby	0·74	0·52	0·33	0·59	0·34	0·27	0·23	0·19	0·19	0·12

Table 11—Factories Acts, 1937 and 1948.

Annual Report of the Medical Officer of Health in respect of the Year 1957 for the County Borough and Port of Grimsby in the County of Lincolnshire.

Prescribed particulars on the administration of the Factories Act, 1937

PART I OF THE ACT.

1—INSPECTIONS for purposes of provisions as to health (including inspections made by Sanitary Inspectors)

Premises	Number on Register	Number of		
		Inspections	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	369	471	5	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	495	286	2	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises) ...	35	15	—	—
TOTAL ...	899	772	7	—

2.—CASES IN WHICH DEFECTS WERE FOUND.

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases.")

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1.)	116	114	—	1	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3) ...	—	—	—	—	—
Inadequate ventilation (S.4)	2	2	—	—	—
Ineffective drainage of floors (S.6.)	19	17	—	1	—
Sanitary Conveniences (S.7.)—					
(a) Insufficient	4	3	—	1	—
(b) Unsuitable or defective ...	35	14	—	4	—
(c) Not separate for sexes ...	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	124	117	—	1	—
TOTAL ...	300	267	—	8	—

PART VIII OF THE ACT.

OUTWORK

(Sections 110 and 111)

Nature of Work	Section 110			Section 111		
	No. of out-workers in August list required by Section 110 (1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing apparel Making, etc. ...	16	—	—	—	—	—
Nets, other than wire nets ...	48	—	—	—	—	—
TOTAL ...	64	—	—	—	—	—

PART IX

SCHOOL HEALTH SERVICE.

SCHOOL HEALTH SERVICE

Report of the Principal School Medical Officer for the year 1957

To the Chairman and Members of the Education Committee.

Once more I am pleased to record a very satisfactory state of health in presenting the annual report on the School Health Service. Measles runs in two year cycles and 1957 was a peak year, but the pandemic of influenza involved its fair proportion of the school population during the autumn term. On the whole the infection was mild and no school or class had to be closed. Otherwise the number of infectious diseases was small.

The cleanliness and nutrition figures are most gratifying. This year the percentage of children found with infestation fell to a new low record of 3.23. While the total skin diseases showed an increase on last year this was entirely due to an outbreak of impetigo in a few schools. On the credit side there were no cases of scabies or ringworm discovered at the routine inspections.

The poliomyelitis vaccination was carried on with diligence, 3,465 children being protected, while at the same time the number of children receiving injections against diphtheria was slightly increased. The B.C.G. programme was also maintained. No apology is offered in re-emphasising to parents that the risk of diphtheria is far greater than that of the worst epidemic of poliomyelitis.

The specialists' clinics continued unchanged and are of great value to the service because it short circuits the out-patient waiting list, and treatment or advice on a child is not delayed. The liaison with the paediatrician is working most satisfactorily and is, I hope, of mutual benefit.

Appointments for diseases of the ear take about three months and this is a most serious state of affairs. The Regional Hospital Board has been informed and it is hoped that some solution can be found. A new pure tone audiometer was purchased during the year enabling a much more accurate assessment of hearing loss to be made.

Despite the absence of Dr. Tyerman in the U.S.A. on a Fulbright scholarship, the work at the child guidance clinic has continued without interruption, and all credit is due to Mr. Campbell for so ably taking over.

The special day school for E.S.N. children has made good progress and is fully meeting a most important part of the education system.

The Principal Dental Officer's report yet again points out the serious state of affairs regarding the children's dental health. There is such an increase in emergency work that less time can be devoted to preventive dentistry. Although the dental schools have a full quota of students it will be many years before these can do more than replace the normal wastage from retirement and death.

Physical education has received the attention it deserves, and a new venture launched, namely, the Physical Education Organiser has attended a course on manual lifting and handling run by the Industrial Welfare Association. A knowledge of the proper methods will be of great benefit to those boys and girls who will be going into industry and also to others as it may well reduce the number of slipped discs, etc., in the rising generation.

Speech therapy continues to do good in relieving or curing what can often be a most distressing handicap.

Co-operation with the Education Department has been most satisfactory, and I am grateful to the head teachers for willingly allowing so many inroads on the curriculum during the year. I also wish to thank all the departments and organisations concerned with the welfare of children and the school health staff for a job well done.

To the Education Committee I am indebted for the courteous and sympathetic consideration they have given to the matters placed before them.

R. GLENN,

Principal School Medical Officer.

HEALTH DEPARTMENT,

1 Bargate, Grimsby.

March, 1958.

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R. E. RICHARDSON, M.Sc., Ph.D.

EDUCATION WELFARE SUB-COMMITTEE*Chairman*—Alderman C. H. WILKINSON, M.B.E., J.P.*Vice-Chairman*—Councillor L. MEANWELL.

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STAFF OF THE SCHOOL HEALTH SERVICE*Medical Officer of Health and Principal School Medical Officer*—

ROBERT GLENN, M.B., B.Ch., B.A.O., D.P.H.

School Medical Officers—

JANET W. HEPBURN, M.B., Ch.B., D.P.H.

J. G. J. COGHILL, M.B., Ch.B.

EILEEN M. PRIOR, L.R.C.P., M.R.C.S.

MARGARET M. EDMONDSON, M.B., Ch.B. (res: 31. 1. 57.)

MICHAEL R. BURKE, M.B., B.Ch., B.A.O., D.P.H., (app: 1. 2. 57.)

Principal Dental Officer—

DONALD W. HUNT, L.D.S., R.C.S., (Eng.)

Dental Officer—

GEOFFREY S. WATSON, B.D.S., L.D.S.

Part-Time Dental Officer—

DAVID U. E. MILLER, L.D.S., R.C.S., (Eng.)

Superintendent Health Visitor/School Nurse—

Mrs. I. HALDANE.

Health Visitors/School Nurses—

Miss M. TIPPLER, Miss M. C. BAGG, Miss J. D. M. VARRIE, Mrs. M. B. KOZLOWSKI
 Mrs. J. BRATTEN, (res: 28. 2. 57.) Miss J. BELL, Miss K. L. SPENCER.
 Miss I. ADAMSON, Miss M. COOLING, (res: 6. 12. 57.) Mrs. E. METCALF (app: 9. 9. 57.)

School Nurses—

Miss H. M. SCARLETT, Mrs. A. C. NICHOLSON, Mrs. J. MARSH, Mrs. E. HEWSON,
 Mrs. M. WAUMSLEY, Mrs. M. MAULTBY (part-time).

Clinic Nurses—

Miss F. J. WYATT, Mrs. G. WHITEHALL (part-time), Mrs. M. MILLS (part-time).

Dental Staff—

Miss P. HART (*Oral Hygienist*), Miss R. HENFREY (*Clerk*), Miss M. CASWELL
 (res: 14. 9. 57.) Miss M. ADLETT, Miss M. MARRIS, (app: 26. 8. 57.) Mrs. C. CHIDWICK,
 (part time)

Clerical Staff—

Miss A. ROBERTS, Mrs. S. MARTIN, (res: 16. 11. 57.) Miss A. DUFTON, Miss M.
 ROBINSON, (app: 30. 12. 57.)

FINDINGS OF MEDICAL INSPECTIONS.

The number of children on the register at 1st April, 1957, was 16,719 compared with 16,467 the previous year.

Nutrition.—The average nutrition of school children was maintained at a satisfactory level throughout the year.

Classification of those medically inspected is now made under the designation "physical condition." This includes general condition and physique, replacing the older classification of general condition only.

"Physical condition" is assessed under the headings—Satisfactory and Unsatisfactory. Of the 4,549 children who were medically inspected 4,531 or 99.6% were classified Satisfactory, and 18 or 0.4% as Unsatisfactory.

At the end of the year 4,921 were paying for school dinners, and 517 children were receiving them free. The total number of children drinking school milk was 13,628 each day.

Uncleanliness.—Total inspections numbered 31,363, and the number of individual children found to be unclean was 540.

At routine school medical inspections 78 children out of 4,549 examined showed evidence of louse infestation.

Facilities are available at the school clinic for disinfecting those children who repeatedly turn up at school in a verminous condition. A nurse is in daily attendance, and D.D.T. preparation is issued free to parents with full instructions as to how to carry out the necessary treatment.

Examinations are carried out at regular intervals at the various schools by the school nurses. Statutory notices are then issued to parents where indicated.

One hundred and twenty four necessitous children were supplied with clothing to the total value of £530.

Diseases of the Skin.—The incidence of scabies and all skin diseases found at routine medical inspections during the last few years is given in the accompanying table.

	<i>Routine Medical Inspections.</i> Incidence per 1,000 inspections.					
	1952	1953	1954	1955	1956	1957
All skin diseases ...	11.5	5.9	9.6	4.8	3.3	5.9
Scabies	0.0	0.3	0.8	1.1	0.0	0.0

A further table shows the number of cases of the chief infectious skin diseases seen by the medical officer and treated at the school clinic during the same six years.

Disease.	1952	1953	1954	1955	1956	1957
Ringworm (scalp) ...	—	—	—	—	3	—
Ringworm (body)	2	—	—	1	3	—
Scabies ...	—	7	48	17	14	2
Impetigo ...	29	20	31	39	30	46

School Clinic.—The school clinic is situated in Burgess Street, corner of Upper Spring Street, and is open daily from 9 a.m. to 5-15 p.m. Saturdays 9 a.m. to 12 noon. Minor ailment clinics are held every morning. Specialists' clinics are held as follows:—Ophthalmic clinics once a week by Dr. E. Hainsworth; Cardiac clinics at intervals when these can be arranged with Dr. J. W. Brown; and Orthopaedic clinics twice a month by Mr. N. James.

On three sessions per week special medical inspection are carried out at the clinic by the school medical officers.

The figures for attendance at the school clinic were as follows:—

Special inspections by medical officers	..	..	129
Re-inspections by medical officers	..	..	51
New cases dealt with by clinic nurses	..	..	390
Total attendances	..	..	5,342

Defects of Vision and Diseases of the Eye.—Out of a total of 532 attendances, 330 children (of which 104 were new cases) had refraction carried out and 277 had glasses prescribed. No cases of eye disease were referred from the school clinic during the year.

Diseases of the Ear, Nose and Throat.—There were 49 new cases of otitis media and 27 old cases examined at the school clinic. Out of these 76 cases, 22 were referred to the E.N.T. Specialist.

The clinic nurse carried out special treatment advised by the E.N.T. Specialist in 13 new cases of otitis media; this entailed a total of 350 attendances.

Nose and Throat Defects.—The number of cases found at routine and special inspections to require treatment was 81.

These were classified as follows:—

Chronic tonsillitis	54
Adenoids only	2
Chronic tonsillitis & adenoids ..	18
Other conditions	7

Nasal hygiene was advised when required under the supervision of the clinic nurse. Successful results were obtained in all types of cases showing catarrhal conditions of the nose and throat.

Tonsillectomy.—Since the beginning of 1956 information has been collected during the course of the periodic medical inspections about the frequency of tonsillectomy in children, and this survey will be continued for the next few years. The findings for England and Wales in 1956 showed that 6.9 per cent. of children aged 5-6 years, 20.2 per cent. of those aged 10-12 years, and 20.9 per cent. of those aged 14 years and over, had been subject to tonsillectomy. The following information relates to Grimsby for the year under review.

	<i>School Entrants</i>	<i>10-12 years</i>	<i>14 years and over</i>
(a) Number of children inspected	1,580	1,426	1,268
(b) Number of children found to have had tonsillectomy	90	287	266
(c) Percentage	5.7	20.1	20.9

The frequency of operation was about the same in both sexes.

Group Audiometry.—During the year 1957 sixteen out of a possible twenty-one schools or departments were visited and group audiometry was carried out with the following results:—

Total number of children tested	1,050
" " " " re-tested	96
" " " " failing first test	89
" " " " referred to school clinic	26
" " " " special tests given in school clinic	33
" " " " children referred to E.N.T. Specialist	9

The Provision of a Pure Tone Audiometer has greatly improved the accuracy of assessment in doubtful cases and thus expedited those selected for treatment.

Heart Diseases and Rheumatism.—During the year 9 consultative clinics were held at the School Clinic, Burgess Street. 64 cases (of which 23 were new) made a total of 99 attendances.

Orthopaedic Clinic.—During the year 20 consultative clinics were held at the School Clinic, Burgess Street. 157 cases (of which 109 were new) were seen ; of these, 30 were found not to require treatment.

SCHOOL HEALTH SERVICE AND HANDICAPPED PUPILS REGULATIONS, 1953.

(As on December 31st, 1957)

Categories of Handicapped pupils	Number at ordinary school.	Number at special school.	Number not at school.
Blind	—	1	—
Partially sighted ...	—	4	—
Deaf	1	8	—
Partially deaf ...	—	3	—
Educationally sub-normal ...	47	118	1
Epileptic	9	—	—
Maladjusted ...	1	2	—
Physically handicapped	—	2	3*
Speech defect ...	—	—	—
Delicate	1	1	—

* Includes 2 receiving home tuition.

Infectious Diseases.—No school or department was closed on account of communicable disease during 1957.

The incidence of notifiable diseases in children aged 5 to 15 years was as follows, the figures in brackets indicating the numbers notified in 1956:—

Scarlet fever 52 (47); measles 1,099 (14); whooping cough 75 (142); pneumonia 5 (1); poliomyelitis 3 (4); dysentery 31 (58); chicken pox 330 (570); food poisoning 2 (3), and acute rheumatism 6 (nil).

In addition 8 children of school age were notified under the Public Health (Tuberculosis) Regulations, 1952, as suffering from tuberculosis, compared with 8 in the previous year. Of these, 5 were classed as pulmonary and 3 as non-pulmonary.

Mass Radiography.—No survey was carried out by the Lincolnshire Mass Radiography Unit during the year, but it is hoped to have this service in 1958. In October, arrangements were made for the class contacts of a case of pulmonary tuberculosis to be x-rayed by the Chest Physician. Parental consent was obtained and of the 32 children x-rayed none of them showed any signs of tuberculosis. Six members of the teaching staff of this school were also found to be normal upon examination.

B.C.G. Vaccination.—It has not been possible to extend this service beyond the six selected schools at present chiefly because of the extra work caused by poliomyelitis vaccination.

This year the method of tuberculin testing was investigated at four of the schools to observe the variation in the results of the Mantoux and Heaf multiple puncture tests. At two schools a dual test was done consisting of a Mantoux using P.P.D. of a dilution of 1 in 1,000 on the child's RIGHT arm, and the Heaf test with a penetration of 1 mm performed on the LEFT arm. At two other schools the same dual test was carried out, but in the case of the Heaf test the penetration was set at 2 mm. The findings of the school medical officers showed that the Heaf, using either 1 mm. or 2 mm., was equal to the Mantoux as regards reliability, moreover, the degree of reaction was identical in both tests. The annual re-examinations and conversion tests were performed by the Heaf multiple puncture method.

A total of 408 children were vaccinated as compared with 400 last year. Unfortunately the B.C.G. programme coincided with the influenza epidemic and consequently special sessions were held at the School Clinic to test those children who were absent from school. The following information briefly summarises the work undertaken.

1. ACCEPTANCES.

Number of 13-year old children offered tuberculin testing and vaccination if necessary	..	..	734
Number of acceptances	..	..	578
Percentage of acceptances	..	..	78

2. TUBERCULIN TESTING AND VACCINATION.

Number skin tested	..	..	..	555
Number found negative	..	..	..	410
Number vaccinated	..	..	..	408

Re-examinations made at end of year.

Number skin tested	..	..	..	220
Number found negative	..	..	..	—
Number re-vaccinated	..	..	..	—

3. ANNUAL RE-EXAMINATIONS OF 1956 VACCINATIONS.

Number skin tested	..	..	..	327
Number found negative	..	..	..	1
Number re-vaccinated	..	..	..	1

Protection against diphtheria.—Special diphtheria immunisation sessions were conducted at school premises in conjunction with the medical inspections, and of the following details 108 primary and 1,209 maintenance injections were undertaken in schools.

<i>Primary immunisation</i>	
Under 5-years	1,112
5-15 years	135

Total	1,247
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<i>Re-inforcing injections</i>	
Under 5-years	25
5-15 years	1,361

Total	1,386
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The total primary immunisations for last year was 1,419 and re-inforcing injections numbered 973.

Poliomyelitis Vaccination.—The immunisation scheme against poliomyelitis started in May, 1956, and so far provides for two injections of 1 c.c. with an interval of at least three weeks. The total number of children vaccinated during the year was 3,465 and together with the 543 who were protected in the previous year almost completes the original list of 4,229 volunteers. The vast majority of these children were vaccinated in schools and to do this the medical inspections of the eight-year-old group had to be cancelled. No case of poliomyelitis was reported in Grimsby from a child who had been vaccinated, nor were there any reactions.

In November the Minister of Health issued Circular 16/57 which, among other things, extended the offer of protection to all children between the ages of 6-months and 15-years inclusive. This extension was made possible by the Government's decision to import Salk vaccine from Canada and the United States. Early in December, the parents of children attending secondary schools were written to through the Head Teachers and the registration of consents for this group produced 3,801, which represented approximately two thirds of the children in the 11 to 15 age group and of these about 4 out of 10 showed preference for the British vaccine. This is a most satisfying response and it is hoped to vaccinate these children in the early part of 1958, but there will unfortunately be considerable delay in completing those children whose parents insist on the British vaccine.

Employment Certificates.—During the year certificates were issued to 229 school children who were engaged in particular employment after school hours. Certificates were not granted on two occasions only.

DENTAL SERVICE

Mr. Donald W. Hunt, L.D.S., R. C.S. (Eng.), principal dental officer, presents the following report:—

I have pleasure in submitting my ninth annual report on the Dental Services provided by this local authority for school children, pre-school children and expectant and nursing mothers.

The satisfactory provision of dental services for these "priority classes" depends primarily upon having a reasonable complement of professional staff and it is again my sad duty to report that no applicants have been forthcoming to fill the three vacancies on the staff, the number of dental surgeons being only 2.09 in terms of whole-time officers.

The priority classes in Grimsby number upwards of 20,000 persons, and it is therefore obvious that there can be no hope of providing adequately for the dental care of this number with the limited staff available.

The prompt relief of pain remains an all important part of the work of the service and every effort is made to deal expeditiously with the very considerable volume of casual treatment of this nature. The number of such cases attending remains more or less constant from year to year, and will only be reduced when routine school inspections followed by the provision of conservative treatment are possible on a much larger scale than at present.

There may indeed be some significance in the fact that in the year under review some 1,000 more children were seen in this way than in the previous year, and that the number of "casuals" with toothache did in fact drop by 270.

In many ways the present volume of emergency work leads to a vicious circle not easily broken. The more time that is spent on "casuals" in pain the less becomes the time that can be spent on inspection and prevention. The less time spent on inspection and prevention will inevitably result in a larger number of toothache cases.

Moreover, the "casual" work is not consistent in its incidence. General anaesthetic sessions arranged to deal with the anticipated demand are sometimes underbooked, and yet at other times are grossly overloaded. This is not conducive to the most efficient use of staff, but it seems to be in the nature of toothache to be as perverse as possible!

The statistical tables on page 28 show increases in all types of treatment undertaken during the year under review. An increased number of treatment sessions were held, a factor due to some valuable but temporary help at the beginning of the year and to the enjoyment of better health by the permanent staff.

From a clinical viewpoint there is little to report on the year's work. There was no recurrence of the outbreak of stomatitis referred to in the report for 1956, although sporadic cases of the "Vincent's" type of infection have been seen during the year. These were nearly all mild and sub-acute in type. Response to local treatment was good and antibiotics were rarely necessary. The routine dental inspection of school children continues on occasion to reveal the rarer but interesting abnormalities and conditions. Supernumerary teeth, supplemental teeth, and dilaceration are quite well-known to the school dental officer, and a small number of benign neoplasms and odontomata also call for treatment.

The cleft palate is unfortunately still with us, although early and more effective treatment is producing good results. It is unlikely that we shall see again the tragic adult cases of former years where aesthetics and function are both grossly impaired.

Gross oral sepsis is believed to be non-existent now amongst school children of the town, but the condition is not so rare amongst the toddlers. Children under five requiring total extractions and often presenting with much sepsis and multiple discharging sinuses continue to be brought to the clinics with distressing frequency. These children usually come from a background of poor home conditions, and it is only pain or worse that finally persuades the parent to bring the child for treatment. Indeed, the parents of one such case persistently refused treatment although the child had frequent swelling and pain and was obviously very sub-standard in general health. Only the threat of strong action eventually succeeded in getting this case attended to.

Infection with *Oidium Albicans* (Thrush) is also fairly common in pre-school children and it is obvious that a better staffed dental service will have to pay serious attention to the condition of its youngest patients.

Orthodontic treatment continues to be a source of considerable frustration to the staff of the service. There is an ever-increasing demand from the public to have its children's crooked teeth made straight; but an understaffed service must of necessity put first things first and this often time-consuming and expensive treatment is at present severely rationed. Both Dental Officers have an especial interest in orthodontic treatment, and at present an attempt is being made to devise a system of treatment applicable to the problems of doing the greatest good for the greatest number. Some progress has been made and it is hoped that it will be possible to report more fully on this in due course.

The effect of a "civilised" type of diet, the problems of heredity and the "bad" habits of childhood, such as thumb-sucking, all contribute to the magnitude of to-day's orthodontic problem; and there is no doubt that the treatment of dental irregularities will continue to increase in importance in the years to come.

Some prevention is possible, and parents should realise the importance to successful dental development of breast-feeding and the early introduction into the diet of natural foods requiring mastication. The early checking of developing habits such as thumb, finger, blanket, or lip sucking is also important, and so far as "dummies" are concerned the writer can only say that he loathes and detests the dirty things! Unfortunately, the use of "dummies" seems to be both widespread and increasing. This may be due in part to the current social evil of working mothers and the resultant number of infants left in the care of others during the day. A "dummy" is the easiest way out of many problems when one is left "holding the baby," but it is wrong for all that. Once started the habit is difficult to stop, but puncturing the teat with a needle spoils the suck and may cause the child to lose some of its enthusiasm.

Expectant and nursing mothers continue to form a good proportion of the patients attending the clinics, but here again a vast field of treatment is unavoidably almost untouched.

The majority of the mothers attending are of the older "Multiparous" type, and treatment usually involves multiple extractions and the provision of artificial dentures. Nearly all of these patients are referred to the dental clinics by the Maternal and Child Welfare Clinics or by their private medical practitioner. In these circumstances only the grossest conditions are referred, and the young mother expecting her first baby and in need of simple but vital conservative treatment is a rarity amongst the dental clinic patients. The remedy is to include a dental examination in the routine for all mothers attending the Maternal and Child Welfare Clinics, but once again the shortage of dental officers precludes the re-introduction of this valuable measure.

As far as the future is concerned, the writer considers it improbable that further full-time staff will now be recruited, although part-time assistance may be easier to obtain.

It must be emphasised that the problem is a national one and that there are no purely local difficulties involved.

The School Dental Service remains an unattractive professional career, both so far as remuneration and prospects of advancement are concerned. Dental surgeons who work in the service are not paid as such, but primarily as local government officers; and there is a constant temptation to depart for other less exacting and more remunerative spheres of practice.

It is significant that the Committee of Enquiry into the cost of the National Health Service (the Guillebaud Committee) states in paragraph 538 of its Report—"One lesson to be learnt from the last seven years is that if the Local Authority Services and the General Dental Service are to be developed in step, then it is essential that the relationship between the two types of remuneration should be kept in balance." There is, moreover, very little opportunity for professional advancement within the School Dental Service. The McNair Committee in paragraph 39 of its report states "There seems no justification for denying to the Principal Dental Officer control and freedom in dental matters, and direct and independent access to the appropriate committees."

In conclusion, I would like to express my gratitude to the local authority for its active interest in the Public Dental Service, and to the Director of Education and the Principal School Medical Officer and their staffs for their sympathetic co-operation.

My especial thanks are due to my own staff for their loyalty and efficiency, and to our young patients whose charm and trust make the effort worthwhile.

CHILD GUIDANCE SERVICE

Mr. T. S. Campbell, Educational Psychologist, gives the following report on the work of the Child Guidance Service during 1957.

1. **Staff.** In September, 1957, Dr. M. J. Tyerman took up an appointment as Visiting Assistant Professor of Psychology to the San Francisco State College, for a period of one year. Mr. T. S. Campbell has been appointed as temporary Educational Psychologist. Mrs. B. R. Benjamin has ceased to attend as part-time remedial teacher, and in November, 1957, Mr. T. D. MacKenzie took up duty as full-time Remedial Teacher/Psychological Tester at the centre.

The full-time staff working at the centre, therefore, consists of Mr. T. S. Campbell, Education Psychologist; Miss M. E. D. Pearson, Social Worker; Mr. T. D. MacKenzie, Remedial Teacher/Psychological Tester, and Miss K. Nocton, Secretary/Receptionist. Mrs. D. M. H. Whiteley attends five sessions weekly as a remedial teacher.

Dr. J. F. R. Goodlad, Consultant Psychiatrist of Lincoln, has continued to attend two sessions weekly as a representative of the Regional Hospital Board.

2. Statistical Summary.—

Number of children referred since the Service was inaugurated 1,475

Number of children referred by year:—

1949	1950	1951	1952	1953	1954	1955	1956	1957
116	124	127	105	143	174	250	236	200

Two hundred children were referred individually. In addition, two hundred and sixty seven were referred in groups or classes by headteachers for the purpose of mental assessment. Four hundred and sixty seven children, have, therefore, received help through the Service during the year.

A. Cases closed, current and awaiting interview:

Number of children examined during 1957	193
Number of cases closed during the year	190
Number of cases current on 31st December, 1957	113
Number of children awaiting initial interview	13

B. Particulars of children referred during 1957.

1. Number (excluding those submitted for remedial teaching groups in schools)	200
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2. Age at time of referral:

Below 5 years	Pre-School	14
5 but not 6 }	Primary (Infant) School ..	12
6 " " 7 }		25
7 " " 8 }	Primary (Junior) School ..	25
8 " " 9 }		18
9 " " 10 }		18
10 " " 11 }		20
11 " " 12 }	Secondary School	21
12 " " 13 }		14
13 " " 14 }		11
14 " " 15 }		6
15 and above		16
		(200)

It is encouraging to find that the maximum number of referrals is again in the 6-8 year group as this is the period in which educational difficulties normally first become apparent.

3. Sex: Boys 122; Girls 78.

The number of Grimsby girls was almost the same as in the previous year whereas over 20% fewer boys were referred.

4. Reasons given for referral:

	Boys	Girls	Total	%
Mental or personality assessment	45	36	81	41
Difficult behaviour	34	13	47	24
Emotional problems	10	7	17	8
Educational Guidance	13	9	22	11
Habit disorders	16	13	29	14
Failure to make progress at school	4	—	4	2

As in previous years the greatest number of referrals has been for mental or personality testing, but it is not often that a child can be placed in only one of the above categories. Educational and behaviour problems are very frequently accompanied by emotional difficulties and the latter nearly always affects school progress and general behaviour.

5. Source of referrals:

							%
Parents direct or through school	..	..	..	..	..	33	16
School through headteacher	..	..	..	..	..	81	40
Medical Services through M.O.H.	..	..	..	..	..	15	8
L.E.A. Officers	..	..	..	..	..	25	12
General Practitioners or Consultants	..	..	..	..	..	24	12
Children's Department or Magistrates through Children's Officer or M.O.H.	..	..	..	..	..	13	7
Probation Officer	..	..	..	..	..	4	2
Speech Therapist	..	..	..	..	..	4	2
Other	..	..	..	..	..	1	1

The increase in the percentage of children referred directly from the home and through general practitioners and medical consultants, suggests that the facilities of the centre are becoming more widely known outside the educational system.

6. Cases from previous years dealt with in 1957:

Number of children referred in 1956 but not interviewed until 1957	..	..	..	..	..	13
Number of children interviewed in 1956 and still current on 1st January, 1957	..	..	..	..	..	88

C. Details of Referral Interviews held:

1. **Number:** 193

2. Intellectual level of the 193 cases:

Ineducable/educationally subnormal	(I.Q. below 70)	..	12
Dull	(I.Q. 70—84)		44
Low Average	(I.Q. 85—94)		39
Average	(I.Q. 95—104)		31
High Average	(I.Q. 105—114)		18
Superior	(I.Q. 115—129)		20
Very Superior	(I.Q. 130+)		3
Not tested			26

In addition to the above, group tests were administered to 267 children in Grimsby schools. It was to be expected that the majority of referrals would be in the lower intelligence range, but it should be noted that the mean intelligence quotient of the children who attend the centre for remedial teaching or psycho-therapy is higher than that of the total number referred.

3. Recommendations made at the time of first interview:

(a) Regular and frequent treatment interviews:	..	44
(b) Occasional interviews/supportive:	..	18
(c) Report/Advice excluding (d)	..	123
(d) Special Educational Treatment required	..	8

Once again the advisory function of the Centre is seen to predominate. In about two-thirds of the total number of interviews held, guidance was given verbally to the parent, or a report was sent to the source of referral. Regular and frequent treatment interviews were necessary for almost a quarter of all children seen.

D. Analysis of Interviews:	2,794
1. Interviews with children by:	(1,317)
Psychologist	318
Psychiatrist	125
Social Worker	96
Remedial Teachers	778
2. Interviews with parents by:	(912)
Psychologist	229
Psychiatrist	124
Social Worker	353
Remedial Teachers	136
3. School Visits by:	(326)
Psychologist	240
Social Worker	11
Remedial Teachers	75
4. Home Visits by:	(239)
Psychologist	25
Social Worker	212
Remedial Teachers	2
E. Closures during 1957:	
1. Total number of cases closed:	190
2. Reasons for closures:	
(a) No treatment. Diagnosis followed by report, recommendation or advice	91
(b) Child transferred to another department or out of the area	15
(c) Parents did not accept offer of treatment	23
(d) Problem cleared by time of interview	2
(e) Treatment, supervision or advice: cases followed up and found suitable for closure	58
(f) No improvement	1
F. Composition of Case Load on 31st December, 1957:	
1. Total number of children	113
2. (a) Number of children awaiting initial interview	13
(b) Number of children whose treatment has been discontinued or who do not require treatment but whose progress requires following up	42
(c) Number of cases (excluding "follow-ups") receiving intensive treatment from:	
Psychologist	15
Psychiatrist	15
Remedial Teachers	22
Social Workers	6
3. Number of children referred before 1st January, 1957, and still current on 31st December, 1957..	47
Number referred in 1957 and still current (including "follow-ups" and children awaiting appointments)	66

SPEECH THERAPY

(*Report by Miss A. Nowell, Speech Therapist*)

At the beginning of 1957, 64 children were receiving regular treatment at the Speech Clinic; 16 children were under observation and 22 children were on the waiting list. During the year 51 children have been referred, bringing the total to 153.

Disposal of Referrals

Now being treated	..	69
On observation	..	14
On waiting list	..	0
No treatment necessary		3
Unco-operative	..	4
Referred to other departments	..	5
Discharged	..	58
TOTAL		153

There are, therefore, 83 children now receiving regular treatment or under observation. These children are referred through various channels—as can be seen by the 51 new referrals.

Sources of Referral.

Headteachers	..	39
School Medical Officers		5
Grimsby General Hospital		1
Scartho Road Hospital		1
Parents	..	1
Child Guidance Centre		4
TOTAL		51

Among the children at present receiving treatment or under observation the following defects have been found:—

						Girls	Boys	Total
Retarded speech and language	..	..	..	..	..	—	11	11
Dyslalia	..	..	..	..	..	13	29	42
Stammer	..	..	..	..	..	1	9	10
Cleft Palate Speech	..	..	..	..	..	3	10	13
Dysarthria	..	..	..	..	..	1	—	1
Partial Deafness	..	..	..	..	..	1	2	3
Dysphonia	..	..	..	..	..	—	1	1
Excessive Nasality	..	..	..	..	..	—	1	1
Suspected developmental aphasia	..	..	..	..	..	1	—	1
TOTAL						20	63	83

Ages at the time of Referral

						<i>Girls</i>	<i>Boys</i>	<i>Total</i>
Pre-school	..	..	..	..	..	1	9	10
Infants	..	..	..	..	..	13	23	36
Juniors	..	..	..	..	..	5	27	32
Secondary	..	..	..	..	..	1	4	5
						—	—	—
						20	63	83
						—	—	—

Appointments.—2,143 appointments have been offered and 1,879 have been kept. The average attendance is 87.6%.

Visits.—On Wednesday afternoons I have been treating pupils at Carnforth Special School where I have seen an average of nine children a week.

Visits to schools .. 54

Visits to hospitals .. 3

I have been able to attend two excellent lectures organised by the College of Speech Therapists. One of these was in London, given by the psychiatrist of the Audiology Unit of the Royal National Ear, Nose and Throat Hospital, and one was in Leeds at the Royal Infirmary.

I have paid a most interesting visit, accompanied by Dr. Tyerman, to the Lawn Mental Hospital in Lincoln to see treatment carried out on one of my patients.

General Observations.—I am very pleased to see that more children are being sent here at Infant School level. They are then able to receive help:

- (a) When time off school is not so important.
- (b) Before, or simultaneously with reading. In this way confused "sound and letter forms" are straightened out.
- (c) Before anxiety has built up in the home and the child regards himself as "abnormal." I do not believe that a child should be left without advice and guidance until he is seven or even older. Speech Therapy should, and indeed does, aim at preventative measures in the early years as well as correction of bad habits at a later date.

Another point which becomes increasingly obvious is that home co-operation is essential to really speedy and successful progress. By this, I mean not only regular attendance with the child, but patience and interest in helping him daily with his speech. On the whole I find little cause for complaint in this direction, and most parents are very helpful and co-operative.

I would like to thank the Headteachers, the School Medical Officers and the staff of the Child Guidance Centre for their interest and help during the year.

PHYSICAL EDUCATION

(Report by Mr. L. R. G. Welham, Organiser of Physical Education).

A steady development in physical education took place and a consolidation of the modern methods of teaching physical education was made in both primary and secondary schools. This was assisted by the improved position in staffing in most schools. It was particularly gratifying that more specialist physical education teachers were appointed to secondary schools and these commenced duty at the beginning of the Autumn Term. It is hoped that more will become available as there are still seven out of a total of thirteen secondary schools who have never had the services of fully trained three year specialist physical education teachers.

Primary Schools.—The scheme of physical education undertaken in the primary schools continued on the same lines as during the previous years. The freedom of the modern lesson taken in hall or playground assists in the promotion of healthy growth, at the same time developing character and the attributes of self reliance, courage, initiative and co-operation.

Indoor facilities for physical education continued to be well used. The new hall at Welholme Primary Infants' School was brought into use and for the first time the children of this school could enjoy regular lessons. It was unfortunate that the building of the proposed hall for South Parade Primary Junior School was postponed by the Ministry of Education's restrictions on minor works projects.

Four years ago it was planned to equip all primary schools with portable climbing and agility apparatus on similar lines to those recommended in the Ministry's Physical Education booklet "Planning the Programme." This apparatus has been supplied gradually over these years and I am happy to report that sufficient has now been provided for all infants and juniors in the borough to take part in this type of activity.

During the games periods, the basic skills and ball handling were taught. The upper classes of all schools were able to play both major and minor games on grass playing fields when the weather was suitable but in some cases much time was lost owing to the distance the pupils had to travel to and from the field. Football, cricket, netball and rounders maintained their usual popularity whilst the growing interest in hockey continued particularly where schools had their own playing fields.

All schools had swimming instruction but once again the restricted bath facilities limited the number of children who could have been taught to swim.

Secondary Schools.—A great improvement to the Harold Secondary Girls' School was carried out by the levelling and re-laying of the floor of the hall and, at the same time, the increasing of its area by the incorporation of an adjacent classroom. Otherwise no change in the facilities for physical education in the secondary schools was made. It is regretted that yet again the Ministry of Education would not agree to the inclusion of the new gymnasium block for the Havelock School in the building programme.

An innovation in the training of some of the senior classes of boys at the Wintringham, Havelock and Harold Schools was introduced. Known as "Circuit Training" this system develops stamina and strength. It made a great appeal to these older boys who, at this age, suddenly become aware of their approach to manhood and with it the power and strength that this entails. Further, this type of training forms a basis of physical activity which the boy can carry on after leaving school and in his own home or surroundings without the need for expensive, elaborate or bulky apparatus.

Games, athletics and swimming continued as a major part of the physical education curriculum, but there is still scope for a wider variety of recreational activities to be included, particularly in the senior classes where the desire may be implanted to carry on the activities after leaving school.

Sports days were held by all schools, culminating in the annual Grimsby, Cleethorpes and District Sports held at Clee Fields. With the exception of the grammar schools, which enter in different competitions, all schools in the borough were represented.

The Lincolnshire County Sports were held at Clee Fields between teams from Lindsey, Lincoln, Scunthorpe, Holland, Kesteven, Mid-Lindsey and Grimsby. In the boys' events, Grimsby were first in the senior and intermediate competitions and came second in the junior section. The girls came third in the senior and intermediate competitions and sixth in the junior section. Eight boys and girls were selected to represent Lincolnshire in the Inter-Counties championships held at Southampton.

Twenty three teams competed in the annual cross country championships. This was won by the Grimsby Wintringham Boys' Grammar School.

The Girls' Inter-Grammar Schools' Athletics Meeting was held at Grimsby when five teams took part. The senior and middle school competitions were won by Scunthorpe and Grimsby was a very easy winner in the junior events. The school 1st XI hockey team won the County Tournament but the Netball County Tournament had to be cancelled because of adverse weather conditions. House matches were organised at the end of the term when each house had a senior, middle school and junior team in hockey and netball. Tennis and rounders matches were played against other grammar schools and also against secondary modern schools.

The Grimsby Wintringham Boys' Grammar School fielded six school soccer teams. The senior teams competed in the Lincolnshire Grammar Schools' competition, and other matches were also played against a number of local teams. The standard of football was well above the average and school colours were awarded to seven players. Three boys were selected to play for the Lincolnshire Grammar Schools' Team and these played in all fixtures. The Inter-house football competition, which was organised into three leagues was keenly contested.

Cricket fixtures were organised on the same basis as the football matches and a very successful and happy series of games was held.

The Inter-Grammar Schools' Cross Country Championships, held at Lincoln, resulted in a win for Sleaford G.S., with Wintringham a close second. Fourteen teams competed.

The Inter-Grammar School Athletics Meeting was held at Scunthorpe. Nine schools took part. Wintringham came second in the senior, first in the intermediate and fourth in the junior sections of the competition.

Havelock School ran five soccer teams, the two senior teams competing against the other grammar schools in the Lincolnshire Grammar Schools Football Association. One boy was a regular player in the County side. A triangular athletics match between Humberstone Foundation, Brigg Grammar and Havelock Schools was held and the school also entered teams in the local boys' leagues. Cricket fixtures were made with other grammar schools in the county and the school also took part in cross country competitions. The girls ran two hockey and two netball teams which competed against other teams in the district.

For the first time the girls formed tennis and rounders teams and these played against other local school sides.

Swimming.—The enthusiasm for swimming remained and as usual it was not possible to provide all schools with the number of swimming periods they required.

The number of children who became swimmers was again most satisfactory, the majority of these children coming from the junior schools.

In the secondary schools, although the teaching of non-swimmers was not neglected, the emphasis was placed on the development of the swimmer. With this in view, swimmers of high standard were encouraged to enter for the English Schools Swimming Awards, which are national awards and greatly in advance of our present system of Grade 1, 2 and 3 badges. Of the 12 pupils who took the advanced test, 7 were successful. Of the 38 who took the medallist test, 18 were successful.

The additional voluntary periods of swimming held daily between 4.0 p.m. and 5.30 p.m. were well attended by pupils of some secondary schools who were unable to participate in the normal school swimming time-table.

Unfortunately neither of the two swimming baths is suitable for efficient diving instruction and it was, therefore, to be expected that the standard of diving shown during the School Galas was lamentably low.

The number on the swimming registers for the year was 2,675. The total number of swimmers was 1,802 (952 boys, 850 girls) i.e. 67.3% of those on registers. A total of 1,157 children learnt to swim i.e. 43.2% of those on registers.

At the end of each term, galas were held at the Orwell Baths as in previous years.

The County Swimming Gala was held at Spalding. Teams from Grimsby, Holland, Kesteven, Lincoln and Skegness took part. In the Junior Boys, Inter-Boys' and Senior Boys' sections Grimsby was placed first. In the Junior Girls' section Grimsby tied for first place with Lincoln. In the intermediate and senior sections, Grimsby was placed third in each. Grimsby also had the individual champions for the junior and intermediate freestyle, the junior and intermediate backstroke, the intermediate and senior breaststroke and the three Medley Team Races for boys. The open diving championship was won by Gibney of Grimsby.

The girls were successful in the individual backstroke and freestyle events, and they also won the Junior Girls' Relay.

Playing Fields.—As a result of the regular maintenance work carried out throughout the year, the schools' playing fields were kept in a sufficiently satisfactory state for games training to be carried out throughout the year and for matches to be played both after school and at weekends by the school organisations and youth clubs.

The Ministry of Education, in their booklet on School Playing Fields, state that for the main winter games (boys) a grass pitch will not support, without serious damage, more than 450 minutes play per week in school hours and not more than a further 90 minutes per week for occasional weekend and evening use. Play on the pitches at Clee Fields and on the Chelmsford field exceeded this recommendation and by March the grass on several pitches had worn extremely thin. It is necessary to allow this to recover during the growing months of spring and summer each year if these pitches are to remain satisfactory in subsequent years.

A lack of equipment prevented any major progress being made on the new playing fields attached to many schools but the decision of the Education Committee to obtain special earth moving equipment was most timely and allowed a start to be made on the construction of some of these.

During the autumn good progress was made in levelling and preparing the land at the rear of the two Grimsby Wintringham Grammar Schools so that each should have its own pitches adjacent to the school.

Some slight progress was made on the Nunthorpe field but, until recently, lack of equipment had prevented more speedy action.

The area of land for the Havelock School playing field was taken over and some preliminary clearing done. Restrictions on minor works projects have, however, adversely affected the plans to lay out this field so that prospects of the school having its own fields will again be delayed.

The hard area to be used by the Welholme Schools was constructed during the summer and the whole of the playing field was fenced during December. This area will now come into use.

The Chelmsford/Hereford field was fenced and, although trespassing did occur, little harm to the grass resulted. Some damage to the fencing and W.C.s occurred and other mischievous nuisances were committed. The area had, however, long been open to the public and it may now be expected that trespassing will diminish.

As an experiment, the Hereford/Chelmsford playing fields were open to the children for games during the summer holidays. A separate report on this was submitted.

Teachers' Courses and Classes.—Nine demonstrations of lessons in physical education in the junior school were held at Macaulay, Nunthorpe Primary Girls' and Old Clee Primary School for both men and women teachers. These were very well attended by a total of 91 teachers.

In conjunction with Lindsey Education Authority, two demonstrations for netball coaching were held and one demonstration for hockey coaching took place. These again were very well attended.

At the invitation of the Education Committee, I attended a course on Manual Lifting and Handling run by the Industrial Welfare Association during the autumn at Lilleshall Hall, Shropshire. I found the course most interesting and, although designed essentially to assist workers in the heavy industries, there was much that I shall be able to pass on to our teachers with regard to correct lifting and carrying.

In conclusion I would like to pay tribute to the officers and members of the Grimsby, Cleethorpes and District School Sports Association and to the many teachers who freely gave of their time and experience in coaching, refereeing and running competitions in a great many sports for the benefit of the children.

TABLE I.

Medical Inspection of pupils attending Maintained Primary and Secondary Schools (including Special Schools).**A—PERIODIC MEDICAL INSPECTIONS.**

Age Groups inspected and Number of Pupils examined in each:—

Entrants	1,580
Second Age Group	1,426
Leavers	1,268

Total	4,274
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Additional Periodic Inspections †	275
Grand Total	4,549

B.—OTHER INSPECTIONS.

Number of Special Inspections	129
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Number of Re-inspections	51
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Total	180
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C.—PUPILS FOUND TO REQUIRE TREATMENT.**Number of Individual Pupils found at Periodic Medical Inspection to Require Treatment** (excluding Dental Diseases and Infestation with Vermin).

Age Groups Inspected. (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table III (3)	Total individual pupils (4)
Entrants ...	1	290	253
Second Age Group ...	69	168	210
Leavers ...	65	108	160
Total ...	135	566	623
Additional Periodic Inspections†	4	28	30
Grand Total ...	139	594	653

† *E.g.*, Pupils at special schools or who missed the usual periodic examination.

D—Classification of the Physical condition of Pupils Inspected in the age groups recorded in Table I.A.

Age Groups Inspected	Number of Pupils Inspected	Satisfactory		Unsatisfactory	
		No.	% of Col. (2)	No.	% of Col. (2)
(1)	(2)	(3)	(4)	(5)	(6)
Entrants	1,580	1,578	99.87	2	0.13
Second Age Group	1,426	1,418	99.44	8	0.56
Leavers	1,268	1,263	99.60	5	0.40
Additional Periodic Inspections	275	272	98.91	3	1.09
Total	4,549	4,531	99.60	18	0.40

NOTE:—The figures in Column (2) should normally be the same as those detailed under Table I.A.

TABLE II.

Infestation with Vermin.

- (i) Total number of individual examinations of pupils in schools by the school nurses or other authorized persons... 31,363
- (ii) Total number of *individual* pupils found to be infested ... 540
- (iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) 121
- (iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) ... 21

TABLE III.

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN
THE YEAR ENDED 31st DECEMBER, 1957.

NOTE:—All defects noted at medical inspection as requiring treatment should be included in this return, *whether or not this treatment was begun before the date of the inspection.*

A.—PERIODIC INSPECTIONS.

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS				TOTAL (including all other age groups inspected)	
		Entrants		Leavers		Requiring Treat- ment	Requiring Observa- tion
		Requiring Treat- ment	Requiring Observa- tion	Requiring Treat- ment	Requiring Observa- tion		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
4	Skin ...	9	109	8	53	27	261
5	Eyes—						
	a. Vision	1	25	65	264	*139	471
	b. Squint	24	55	—	35	28	181
	c. Other	3	19	2	5	8	45
6	Ears						
	a. Hearing	5	10	2	11	12	45
	b. Otitis						
	Media	7	67	5	30	15	160
	c. Other	1	5	—	13	3	29
7	Nose and						
	Throat ...	55	298	7	55	78	542
8	Speech ...	1	43	1	7	3	85
9	Lymphatic						
	Glands ...	18	203	1	9	22	327
10	Heart ...	13	36	6	20	30	80
11	Lungs ...	19	72	3	33	28	153
12	Develop- mental—						
	a. Hernia	2	16	—	2	3	22
	b. Other	1	27	1	16	5	80
13	Orthopaedic						
	a. Posture	1	32	—	15	7	82
	b. Feet	23	29	6	27	48	129
	c. Other	27	109	9	47	49	261
14	Nervous system—						
	a. Epilepsy	—	5	—	1	—	12
	b. Other	5	10	—	2	5	33
15	Psychological						
	a. Develop- ment ...	—	12	—	9	—	135
	b. Stability	2	30	1	11	4	66
16	Abdomen	—	3	1	1	1	5
17	Other ...	73	12	55	70	217	184

NOTE:—*—This figure should normally be the same as that shown as the grand total of Column (2) of Table I.C. ("For defective vision (excluding squint)").

TABLE III (continued)

B.—SPECIAL INSPECTIONS.

NOTE:—All defects noted at medical inspection as requiring treatment should be included in this return, *whether or not this treatment was begun before the date of the inspection.*

Defect Code No. (1)	Defect or Disease (2)	Special Inspections	
		Requiring Treatment (3)	Requiring Observation (4)
4	Skin	62	—
5	Eyes— <i>a.</i> Vision	3	3
	<i>b.</i> Squint	—	1
	<i>c.</i> Other	7	—
6	Ears— <i>a.</i> Hearing	1	—
	<i>b.</i> Otitis Media	4	—
	<i>c.</i> Other	2	—
7	Nose and Throat	3	2
8	Speech	—	—
9	Lymphatic Glands	—	—
10	Heart	6	2
11	Lungs	—	1
12	Developmental—		
	<i>a.</i> Hernia... ..	—	—
	<i>b.</i> Other	—	3
13	Orthopaedic—		
	<i>a.</i> Posture	—	—
	<i>b.</i> Feet	2	1
	<i>c.</i> Other	9	1
14	Nervous system		
	<i>a.</i> Epilepsy	—	—
	<i>b.</i> Other	10	—
15	Psychological—		
	<i>a.</i> Development	—	—
	<i>b.</i> Stability	—	—
16	Abdomen	—	—
17	Other	20	2

TABLE IV.

Treatment of pupils attending maintained primary and secondary schools (including special schools).

GROUP 1.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases dealt with	
	by the Authority	otherwise
External and other, excluding errors of refraction and squint	—	4
Errors of refraction (including squint)	330	1,942
Total ...	330	1,946
Number of pupils for whom spectacles were prescribed ...	277	1,748

GROUP 2.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases treated.	
	by the Authority	otherwise
Received operative treatment—		
(a) for diseases of the ear ...	3	3
(b) for adenoids and chronic tonsillitis	26	183
(c) for other nose and throat conditions	3	6
Received other forms of treatment	86	2
Total ...	118	194
Total number of pupils in schools who are known to have been provided with hearing aids		
*(a) in 1956	1	—
(b) in previous years	3	—

*NOTE:—A pupil recorded under (a) above should not be recorded at (b) in respect of the supply of a hearing aid in a previous year.

GROUP 3.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	by the authority	otherwise
Number of pupils known to have been treated at clinics or out-patient departments	157	23

GROUP 4.—DISEASES OF THE SKIN (excluding uncleanness, for which see Table II).

	Number of cases treated or under treatment during the year by the Authority
Ringworm—(i) Scalp	—
(ii) Body	—
Scabies	2
Impetigo	46
Other skin diseases	14
Total	62

GROUP 5.—CHILD GUIDANCE TREATMENT.

Number of pupils treated at Child Guidance Clinics under arrange- ments made by the Authority	193
---	-----

GROUP 6.—SPEECH THERAPY.

Number of pupils treated by Speech Therapists under arrangements made by the Authority ...	141
--	-----

GROUP 7.—OTHER TREATMENT GIVEN.

(a) Number of cases of miscellaneous minor ailments treated by the Authority	20
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. vac- cination	408
(d) Other than (a), (b) and (c) above (specify)	
1—Respiratory System	—
2—Cardio-Vascular System	6
3—Alimentary System	—
4—Central Nervous System	1
5—Genito-Urinary System	9
Total (a)—(d)	444

TABLE V.—Dental Inspection and Treatment carried out by the Authority.

1. Number of pupils inspected by the Authority's Dental Officers—					
(a) At Periodic Inspection	...	...	...	...	3,562
(b) As Specials	...	...	...	...	2,327
Total (1)	...	...	...	...	<u>5,889</u>
2. Number found to require treatment					
...	...	...	...	...	5,040
3. Number offered treatment					
...	...	...	...	...	5,040
4. Number actually treated					
...	...	...	...	...	4,390
5. Number of attendances made by pupils for treatment, <i>including</i> those recorded at heading 11 (h) overleaf					
...	...	...	...	...	<u>8,300</u>
6. Half-days devoted to : Periodic (School)					
Inspection	...	...	...	...	30
Treatment	...	...	...	...	987
Total (6)	...	...	...	...	<u>1,017</u>
7. Fillings : Permanent Teeth					
...	...	...	...	...	3,112
Temporary Teeth	...	...	...	...	85
Total (7)	...	...	...	...	<u>3,197</u>
8. Number of teeth filled : Permanent Teeth					
...	...	...	...	...	2,937
Temporary Teeth	...	...	...	...	85
Total (8)	...	...	...	...	<u>3,022</u>
9. Extractions : Permanent Teeth					
...	...	...	...	...	1,811
Temporary Teeth	...	...	...	...	5,250
Total (9)	...	...	...	...	<u>7,061</u>
10. Administration of general anaesthetics for extraction					
...	...	...	...	...	<u>2,792</u>

11. Orthodontics:

(a)	Cases commenced during the year	...	..	23
(b)	Cases carried forward from previous year	...		17
(c)	Cases completed during the year	...	...	24
(d)	Cases discontinued during the year	...	...	3
(e)	Pupils treated with appliances	...	...	40
(f)	Removable appliances fitted	...	...	51
(g)	Fixed appliances fitted	...	...	—
(h)	Total attendances	...	...	405

12. Number of pupils supplied with artificial dentures ... 55

13. Other operations:

Permanent teeth	...	...	...	...	1,235
Temporary teeth	...	...	...	...	1,793
Total (13)					3,028

WINTRINGHAM GRAMMAR SCHOOL AND TECHNICAL SCHOOL

Returns of defects found in the course of Medical Inspection.

	Wintringham Grammar School				Technical School			
Defect or Disease	Routine Inspection							
	Referred for Treatment		Referred for Observation		Referred for Treatment		Referred for Observation	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Skin	1	1	3	8	1	1	1	3
Eyes:—								
a. Vision ...	7	7	29	24	3	1	13	6
b. Squint ...	—	—	3	5	—	—	1	1
c. Other ...	—	—	—	—	—	—	1	—
Ears:—								
a. Hearing ...	1	—	3	—	—	—	1	—
b. Otitis Media	1	—	3	—	—	—	2	—
c. Other ...	—	—	—	—	—	—	1	—
Nose and Throat	2	1	1	7	—	—	6	4
Speech	—	1	—	1	—	—	—	—
Cervical Glands ...	—	1	1	1	—	—	1	1
Heart & Circulation	—	—	1	4	2	—	1	3
Lungs	1	—	3	3	1	—	—	—
Developmental:—								
a. Hernia ...	—	—	—	—	—	—	—	—
b. Other ...	—	—	1	2	—	—	—	1
Orthopaedic:—								
a. Posture ...	—	—	2	—	—	—	4	—
b. Flat foot ...	1	—	6	4	2	—	2	—
c. Other ...	—	—	7	8	1	—	4	—
Nervous System:—								
a. Epilepsy ...	—	—	—	—	—	—	—	—
b. Other ...	—	—	—	—	—	—	—	—
Psychological ;—								
a. Development	—	—	—	—	—	—	—	—
b. Stability ...	—	—	—	1	—	—	—	1
Other	7	1	1	14	10	1	3	1

At the Wintringham Grammar School 111 boys and 125 girls (age groups 14 to 15 years) were examined at routine medical inspections. Of these 19 boys and 10 girls were found to require treatment.

At the Technical School 72 boys and 45 girls (age groups 14 to 15 years) were examined at routine medical inspections. Of these 17 boys and 3 girls were found to require treatment.

